



Job Aid - Medicare Prescription Drug Coverage Scripts for Partners



There are currently many people with Medicare that have some form of drug coverage. Some of the different populations that have been identified are: Low Income, Employer/Retiree, Medigap, and General Population. In an effort to provide the person with Medicare information that is appropriate for them or their situation, there are scripts that address each group.

Drug Coverage Overview

This script gives general information about Medicare prescription drug coverage.

CS Drug Coverage Prescription Plan Finder PDPF Lead In Mcare D

This script should be used before going to the PDPF tool.

CS Drug Coverage Prescription Plan Finder PDPF OEC Down Mcare D

This script should be used in the event that the PDPF tool is down.

Drug Coverage LIS Medicaid Dual Eligible Spend Down

This script is used if the caller states they have Medicare AND Medicaid. It explains that because they have both, their prescription drug coverage will be changing.

CS Drug Coverage LIS Income Resource Limits

This script is used to see if a caller may be eligible for extra help for prescription drug coverage.

Drug Coverage Employer Retiree

This script is used when the beneficiary informs you they currently have drug coverage through an employer/union. This script provides information on how their employer or union coverage will be affected if they join a Medicare prescription drug plan.

Drug Coverage LIS Employer Retiree

This script contains information for callers that have employer coverage and qualify for the extra help.



Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



Drug Coverage Employer Retiree Creditable Non-creditable

This script explains creditable and non-creditable coverage from an employer.

Drug Coverage Cost

This script is used if the caller wants to know how much a Medicare prescription drug plan will cost.

Drug Coverage Cost Annual Cost

This script explains the estimated annual costs and things to remember when trying to add up the costs.

Drug Coverage Mgp

This script is used if the beneficiary informs you they have a Medigap policy. This script provides information on how their Medigap coverage will be affected if they join a Medicare prescription drug plan.

Drug Coverage Cost Premium Payment Late Penalty

This script is used if the caller wants to know how they will be able to pay their premiums when they join a Medicare prescription drug plan.

Drug Coverage Part A Part B Covered Drugs

This script is used if the caller wants to know if drugs that are currently covered under Part A or Part B will continue to be covered.

Drug Coverage Other Assistance Programs

This script gives information about the MADDC, SPAPs, supplemental health insurance, and other discount programs/cards, and how they will work with Medicare prescription drug coverage.





Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



Drug Coverage LIS Application Process

This script is used if the caller wants to check the status of their LIS application or to get general information about the process.

Drug Coverage LIS Deemed Letter

This script is used if the caller has received a letter from Medicare about the extra help and has questions. The script asks that the caller read portions of the letter they received to help the CSR determine which letter they are inquiring about.

Drug Coverage Enrollment How to Enroll

This script contains basic information about enrollment in a prescription drug plan.

Drug Coverage Original Medicare or ESRD


This script is used if the caller states they have Original Medicare. It explains that these beneficiaries can choose to join a Medicare prescription drug plan or a Medicare Advantage Plan (or other Medicare Health Plan).

Drug Coverage Medicare Advantage

This script is used if the caller states they belong to a Medicare Advantage Plan (or other Medicare Health Plan). It explains that Medicare is working with their Medicare Advantage (or other Medicare Health Plan) to help them provide more coverage or lower the cost of their existing coverage.

Drug Coverage Covered and Excluded Drugs

This script should be used if the caller has questions about what kinds of drugs are covered under the Medicare prescription drug plans and other health plan options. It describes the basic drug coverage as well as the different groups of drugs that are not covered under the Medicare prescription drug plans.





Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



Drug Coverage Drugs Removed from Formulary

This script was created to handle calls from people who are complaining that a drug was on the formulary when they enrolled in a drug plan, but now that drug is not covered.

Drug Coverage Fraud Marketing Sales

This script gives information about the rules that Medicare prescription drug plans must follow and ways to protect yourself from fraud.

Drug Coverage Long Term Care LTC Nursing Home

This script should be used if the caller lives in a Long Term Care facility and has questions about the prescription drug coverage.

Drug Coverage Veterans Health Administration VA

This script should be read if the caller qualifies for VA (Veteran's Administration) prescription drug coverage and has questions about Medicare drug coverage.

Drug Coverage LIS Food Stamps Housing Assistance

This script should be read if the caller is concerned about losing their food stamps or housing assistance when they apply for the extra help.

Drug Coverage PACE

This script should be read if the caller states that they have Medicare and are enrolled in a PACE program.

Drug Coverage LIS SSA Phone Calls

This script should be read if the caller states that they received a phone call from the Social Security Administration.





Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



Drug Coverage Plan Mailings

This script describes the mailings that people with Medicare will receive after joining a Medicare prescription drug plan.

Drug Coverage LIS Auto Enrollment How to Enroll

This script explains the ways that people who are eligible for the extra help can join a prescription drug plan.

Drug Coverage LIS Mailings

This script describes the mailings that people who are eligible for the extra help will receive from Medicare.

Drug Coverage Enrollment Disenrollment Periods

This script explains the times when people can enroll and disenroll from Medicare prescription drug plans.

Drug Coverage Disenrollment

This script explains how to disenroll from a Medicare prescription drug plan. It also explains how people with Medicare who are auto-enrolled can decline prescription drug coverage.

Drug Coverage Coordination of Benefits COB

This script explains the coordination of benefits with drug plans and other insurance.

Drug Coverage Formulary

This script contains information about the formulary, drug tiers, and Medication Management Programs.





Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



Drug Coverage Formulary Exceptions

This script contains information about exceptions to drug plan formularies. It explains who to contact, how they work, and how long they are good for.

Drug Coverage Formulary Restrictions

This script contains information about Prior Authorization, Quantity Limits, Step Therapy, Generic Substitution, and Temporary Fills.

Drug Coverage Network Pharmacies Mail Order

This script contains information about network pharmacies, preferred pharmacies, pharmacy directory, and mail order drugs.

Drug Coverage Out of Network Pharmacies

This script contains information about out-of-network pharmacies and coverage out of the United States.

Drug Coverage Pharmacist Employer Referral

This script gives contact information for pharmacists and employers.

Drug Coverage CHAMPVA

This script should be used if the caller has questions about how CHAMPVA coverage will work with Medicare prescription drug coverage.

Drug Coverage Cost Out of Pocket TROOP

This script explains true out of pocket costs and what costs count as true out of pocket costs.





Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



Drug Coverage Employer Retiree Dropping Coverage

This script gives information if the caller states that their employer or union is dropping their retiree health and/or drug coverage in 2006.

Drug Coverage Federal Employees FEHB

This script should be used if the caller has questions about how their FEHB coverage will work with Medicare prescription drug coverage.

Drug Coverage TRICARE

This script should be used if the caller has questions about how their TRICARE coverage will work with Medicare prescription drug coverage.

Drug Coverage Indian Health

This script gives information if the caller is an American Indian or an Alaska Native.

Drug Coverage LIS Territories

This script explains how the drug coverage will work if you have Medicaid and live in one of the US Territories.

Drug Coverage Nursing Home Fax

This script should be used if someone from a Nursing Home calls to find out which Medicare drug plan their resident is enrolled in.

Drug Coverage Drug Importation

The script discusses importing drugs from outside the United States.





Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



Drug Coverage Community Based Organizations CBO Pharmacist

This script gives the phone number to provide to CBO representatives who have questions about the Medicare drug coverage. It also contains a phone number for pharmacists who are having technical problems.

Drug Coverage Enrollment Travel Move States Snowbird

This script contains information about how the drug plans work for people who live in more than one state or move to a different state.

Drug Coverage LIS Cost

This script explains drug coverage cost information for people with Medicare who qualify for the extra help (LIS).

Drug Coverage Enrollment End of Month

This script should be used if the caller wants to know what the effective date of their plan will be if they enroll at the end of the month.

Drug Coverage Plan Not In PDPF Tool Suppress

This script should be used when a plan is temporarily taken out of the PDPF tool.

Drug Coverage Humana Plans Non LIS Pharmacist

This script was created to address non-LIS issues related to Humana Plans. This is for pharmacists only.

Drug Coverage Humana Plans Non LIS Beneficiary

This script was created to address non-LIS issues related to Humana Plans. This is for beneficiaries only.

Drug Coverage PacifiCare Plans Non LIS Beneficiary

This script was created to address non-LIS issues related to PacifiCare Plans. This is for beneficiaries only.





Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



Drug Coverage PacifiCare Plans Non LIS Pharmacist

This script was created to address non-LIS issues related to PacifiCare Plans. This is for pharmacists only.

Drug Coverage PacifiCare Plans Non Formulary Pharmacist

This script should ONLY be read to pharmacists who call with questions on non-formulary drug coverage for PacifiCare Plans.

Drug Coverage Community Care Rx Non LIS Beneficiary

This script was created to address non-LIS issues related to Community Care Rx Plans. This is for beneficiaries only.

Drug Coverage Community Care Rx Non LIS Pharmacist

This script was created to address non-LIS issues related to Community Care Rx Plans. This is for pharmacists only.

Drug Coverage LIS United AARP Plans

This script was created to address LIS issues related to United (AARP) Plans.

Drug Coverage LIS Humana Plans

This script was created to address LIS issues related to Humana Plans.





Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



Drug Coverage LIS PacifiCare Plans

This script was created to address LIS issues related to PacifiCare Plans.

Drug Coverage LIS Community Care Rx Plan

This script was created to address LIS issues related to Community Care Rx Plans.

Drug Coverage LIS Pharmacist Questions

This script was created to answer questions from Pharmacists.

Drug Coverage LIS Dual Eligible Crisis Call Beneficiary at the Pharmacy

This script should be used if the caller has Medicare and Medicaid and has an urgent need to get his/her prescriptions.

Drug Coverage How to Fill a Prescription

This script explains the process of filling a prescription at the pharmacy.



Status: Active	Deactivated Date: n/a
<p>Script: (Maximum 1900 characters including spaces) Medicare now offers prescription drug coverage to all people with Medicare. You can get this new coverage by joining a Medicare drug plan.</p> <p>Insurance and private companies are working with Medicare to offer Medicare drug plans in your area. Plans may vary in coverage, costs and participating pharmacies. All Medicare drug plans will cover brand name and generic drugs.</p> <p>To join a Medicare drug plan, you must have Medicare Part A and/or Part B. You can join a Medicare drug plan from now through May 15, 2006.</p> <p>If you have limited income and resources, you may qualify for extra help paying for Medicare drug costs. Most people who qualify will pay no premiums, no deductibles, and no more than \$5 for each prescription. The amount of extra help you get depends on your income and resources. Remember, everyone with Medicare is eligible for drug coverage, regardless of income and resources, health status or current drug costs.</p> <p>Do you have full Medicaid benefits? If YES: Drug Coverage LIS Medicaid Dual Eligible Spend Down</p> <p>Do you have drug coverage from an employer? If YES: Drug Coverage Employer Retiree</p> <p>Do you have a Medicare Advantage plan? If YES: Drug Coverage Medicare Advantage</p> <p>Do you need to know how to enroll in a drug plan? If YES: Drug Coverage Enrollment How to Enroll</p> <p>Do you want to compare Medicare drug plans in your area or are you ready to join a plan? If YES: CS Drug Coverage Prescription Plan Finder PDPF Lead In Mcare D</p> <p>Even if you don't take a lot of medications now, you may still want to join a Medicare drug plan. In general, joining now means you will pay a lower monthly premium. You may have to pay a penalty if you join a Medicare drug plan after May 15, 2006. Like other insurance, this means you will pay a higher premium for as long as you have Medicare drug coverage.</p>	
<p>Tips: (Maximum 900 characters including spaces) TIP = Medicare prescription drug coverage will work the same for Railroad Retirement Board (RRB) beneficiaries. Please do not refer callers to the Railroad Retirement Board for questions about Medicare prescription drug coverage. TIP = Any drug covered by Medicare Part B now will still be covered by Part B in 2006. However, you may want to join a Medicare drug plan to help pay for other drugs that are not currently covered by Part B. REFERRAL = SHIP only if the caller has received their plan information and needs help selecting the best plan. All other questions should be answered by the CSR and NOT referred to the SHIP. FULFILLMENT = Introducing Medicare's New Coverage for Prescription Drugs (11103) SCRIPT = Drug Coverage LIS Territories, if caller lives in one of the US territories. SCRIPT = Drug Coverage Enrollment How to Enroll SCRIPT = Drug Coverage Covered and Excluded Drugs</p>	

Status: Active	Deactivated Date: N/A
<p>Script: CSR NOTE: Use before going to the PDPF tool. Depending on the call, you can read what applies.</p> <p>I can explain your available choices and out-of-pocket costs. It will be up to you to choose which plan best meets your needs.</p> <p>IF CALLER IS NOT THE BENEFICIARY: Are you assisting a person with Medicare in completing and submitting an application for enrollment? IF YES: Authenticate in PDPF. IF NO: You can still compare plans or assist with other questions.</p> <p>If you know the Medicare drug plan you want to join, I will help you apply for the plan.</p> <p>In order to use the tool, I will need to get the following information from you:</p> <ul style="list-style-type: none"> • your Medicare number, • your date of birth, • when your Medicare Part A or B started (on your Medicare card), • the names of your prescription drugs, • the dosage of each drug, and • how often you take each drug. <p>By using this tool, I will be able to tell you:</p> <ul style="list-style-type: none"> • your Medicare drug plan options (up to 3 plans), • the monthly premiums, • the deductible and co-payment amounts, • mail order information, and • the network pharmacies. <p>If caller doesn't have their drug information: At this time, I can only give you general information about your Medicare drug plan options. I can give you the names of the plans offered in your area and the co-payment amounts. If you want me to check if a plan covers the prescriptions you take, you can call back when you have the information available.</p>	
<p>Tips: TIP = To access the PDPF tool, launch the POD in Print Fulfillment and click on "Prescription Drug Plan Finder." TIP = If the CSR version of the tool is down, use the public tool. SCRIPT = If both versions are down, read CS Drug Coverage Prescription Plan Finder PDPF OEC Down Mcare D SCRIPT = Drug Coverage Overview SCRIPT = Drug Coverage Enrollment How to Enroll TIP = After using the tool, enter the confirmation number in the POD applet in the Print Fulfillment tab.</p>	

Status: Active	Deactivated Date: N/A
<p>Script: **Use this script if the CSR AND Public versions of the PDPF tool are down.**</p> <p>I'm sorry. I am not able to help you choose a plan now. The tool is unavailable at this time. I apologize for any inconvenience this may cause. I can, however, provide other information about the Medicare prescription drug coverage.</p> <p>Would you like me to give you general information about the Medicare prescription drug coverage? IF YES: Go to script: Drug Coverage Overview</p> <p>Do you have Internet access? IF YES, READ: You can compare Medicare prescription drug plans on the Medicare.gov website by clicking the link for "Compare Medicare Prescription Drug Plans." Although the tool is currently unavailable, you will be able to access the information later.</p> <p>**Only CSRs with NGD access: Would you like me to send you some information about the Medicare prescription drug coverage? IF YES: Order publication 11109: Your Guide to Medicare Prescription Drug Coverage.</p> <p>IF NO: You may call us back later when we will be able to further assist you.</p> <p>If the Online Enrollment Center (OEC) is down: I'm sorry. I am unable to enroll you in a Medicare drug plan today. The tool is unavailable at this time. I can give the phone number of the drug plan that you are interested in and they can help you enroll. CSR NOTE: Give caller the phone number from the PDPF tool.</p>	
<p>Tips:</p>	

Status: Active	Deactivated Date: n/a
<p>Script: Read if caller has Medicare AND Medicaid. Your Medicaid prescription drug coverage has changed. Almost all of your prescription drugs are now covered by Medicare instead of Medicaid. Medicaid will still pay for your other medical costs.</p> <p>Once you join a Medicare plan offering drug coverage, you will get continuous prescription drug coverage from Medicare and pay little or nothing for each prescription. (See Script: Drug Coverage LIS Auto Enrollment How to Enroll)</p> <p>Read if caller asks why they have to pay a co-pay under Medicare, but they didn't under Medicaid: The new Medicare prescription drug coverage is national. It provides you with the same protections that you have come to expect from Medicare. Medicaid differs from state to state and it can be affected by state budgets. This means that some states may limit cost sharing and some states may lower or limit their drug coverage. Medicare has the same rules for plans across the country.</p> <p>Read if caller receives Medicaid through "spend down": If you qualify for Medicaid as a result of meeting your state's spend down limit, you will automatically get extra help paying for Medicare prescription drug coverage in 2006. Medicare will send you a notice letting you know that you qualify automatically for extra help. Once you qualify for extra help paying for Medicare prescription drug coverage, you will remain eligible for the rest of the year. When you join a Medicare drug plan, you will get continuous coverage and have to spend very little out of your pocket for your prescription drugs. (CSR Note: If the caller qualifies for Medicaid as a result of meeting their state's spend down limit, they will be auto enrolled. See script, Drug Coverage LIS Auto Enrollment How to Enroll, and read the section for people with Medicare and Medicaid.)</p>	
<p>Tips: REFERRAL = If caller is unsure if they have Medicaid, have them contact their state Medicaid office. If caller is sure that they have Medicaid, there is no need to refer them to the state Medicaid office. TIP = If you have Medicare and Medicaid and your state paid for any drugs excluded from the Medicare prescription drug coverage, they may continue to pay. You should contact your local Medicaid office to find out if your state will cover certain prescriptions. SCRIPT = Drug Coverage Covered and Excluded Drugs, if caller wants to know about drugs excluded from the Medicare prescription drug coverage. TIP = If caller lost or never got the auto-enrollment letter (for example, due to a hurricane), you can tell them what plan they are in by going to the MA PDP tab in the Beneficiaries applet. SCRIPT = If caller lost or never got the auto-enrollment letter (for example, due to a hurricane) and wants another copy, please see script Drug Coverage LIS Mailings and escalate the call to the Reference Center. Do NOT read Reference Center Call Backs. SCRIPT = Drug Coverage Long Term Care LTC Nursing Home, if caller lives in a LTC facility, assisted living facility, or some other type of nursing home. FULFILLMENT = Quick Facts about Medicare's New Coverage for Prescription Drugs for people with Medicare and Medicaid (11106)</p>	

Status: Active	Deactivated Date: n/a
-----------------------	------------------------------

Script:
 Are you:
 - married and living together; or
 - single, a widow(er), or your spouse does not live with you?

If **married** READ: Are your savings, investments, and real estate (other than your home) worth more than \$23,000? Include the things you own by yourself, with your spouse, or with someone else. Do not include your home or personal possessions.

If **single** READ: Are your savings, investments, and real estate (other than your home) worth more than \$11,500? Include the things you own by yourself, or with someone else. Do not include your home or personal possessions.

If yes, READ: Based on your answers, you may not qualify for extra help paying for Medicare prescription drug coverage. However, the only way to know for sure whether you qualify for extra help is to apply.

If no, READ: Based on your answers, you MAY qualify for extra help paying for Medicare prescription drug coverage. However, the only way to know for sure whether you qualify for extra help is to apply.

I would be happy to send you an application. You can also request one from the Social Security Administration (SSA) by calling them, visiting www.socialsecurity.gov on the web, or by visiting your local SSA office. Would you like me to send you an application today?

If caller wants to know the income limits for LIS READ:
 If you are single and your annual income is below \$14,355 (or \$19,245 if you are married and living with your spouse), you may qualify for the extra help. Even if your annual income is higher, you still may qualify. Some examples where your income may be higher would be if you or your spouse:

- Support other family members who live with you.
- Have earnings from work.
- Live in Alaska or Hawaii.

Tips:
 TIP = The income levels listed above are for 2005 and will increase each year.
 TIP = The resource amounts listed above are for 2006, and will increase each year.
 FULFILLMENT = SSA LIS APP/Fact Sheet - #31020 (**Do NOT send to residents of U.S. Territories**)
 REFERRAL = Social Security Administration

Status: Active	Deactivated Date: n/a
<p>Script: Your current or former employer or union should have sent you information before November 15, 2005 that lets you know how your current coverage compares to the standard Medicare prescription drug coverage. This information is important because it can affect the decision you need to make about joining a Medicare prescription drug plan. Do not make any decisions until you have reviewed this information. If you did not receive information from your employer or union, you should contact your benefits administrator.</p> <p>Your current or former employer or union must send you this information:</p> <ol style="list-style-type: none">1. before November 15th of each year.2. before your Initial Enrollment Period for Medicare.3. if you already have Medicare and you join an employer or union plan.4. if your employer or union drug coverage ends.5. if your employer or union drug coverage changes so that it is no longer as good as, or becomes as good as, the standard Medicare prescription drug coverage.6. whenever you request it. <p>Retiree Drug Subsidy Medicare is offering help to employers and unions to encourage them to keep providing high quality prescription drug coverage. If your employer or union is claiming you for the retiree drug subsidy, you should first talk to your benefits administrator before making any changes to your current coverage. If you try to join a Medicare drug plan, your benefits administrator and/or the plan you try to join may contact you to confirm your choice.</p> <p>(To see if an employer or union is claiming the caller for the retiree drug subsidy: Go to the MA PDP tab in NGD and check the Employer Subsidy Indicator.)</p> <p>ADDITIONAL INFORMATION: The same rules apply if the coverage is through your spouse's current or former employer or union.</p>	
<p>Tips: FULFILLMENT = Quick Facts about Medicare's New Coverage for Prescription Drugs for people who have Coverage from an employer or union (11107) REFERENCE MATERIAL = Employer Union Creditable Coverage Model Language REFERENCE MATERIAL = Employer Union Non-creditable Coverage Model Language SCRIPT = Drug Coverage Employer Retiree Creditable Non-creditable</p>	

Status: Active	Deactivated Date: n/a
<p>Script: Read if caller has drug coverage through an employer or union and will also get the extra help. Talk to the benefits administrator of your employer or union health insurance coverage. You may not need both Medicare prescription drug coverage and your current drug coverage. Compare how much your costs are with your current drug coverage to what your costs will be with Medicare drug coverage and the extra help. Please note that if you drop your current employer or union coverage, you might not be able to get it back.</p> <p>Also read if caller has Medicaid drug coverage: If you did not join a Medicare prescription drug plan by December 31, 2005, Medicare enrolled you in a plan, even if you also have drug coverage through an employer, union, TRICARE, VA, or FEHB.</p> <p>If you do not want to be enrolled into a Medicare drug plan, you must decline the coverage so you are not auto-enrolled into another plan.</p> <p>If you do want to be enrolled into a Medicare drug plan, you need to check what will happen to your current coverage if you join. In some cases, employers or unions have rules that say you cannot have both a Medicare drug plan and your employer/union plan. Your current coverage may be terminated for you <u>and</u> your dependents. It is important that you talk to the benefits administrator of your current coverage before making any decisions.</p> <p>Also read if caller gets help from their state to pay for their premiums, has SSI, or has applied and been approved for the extra help: If you do not join a Medicare prescription drug plan by May 15, 2006, Medicare will enroll you in a plan that will start on June 1, 2006.</p> <p>You will NOT be automatically enrolled in a Medicare drug plan if your employer or union is claiming you for the retiree drug subsidy. (Medicare is offering this subsidy to employers and unions to encourage them to keep providing high quality prescription drug coverage.)</p>	
<p>Tips: SCRIPT = Drug Coverage Disenrollment, if caller wants to decline the coverage (opt out). SCRIPT = Drug Coverage Federal Employees FEHB SCRIPT = Drug Coverage TRICARE SCRIPT = Drug Coverage Veterans Health Administration VA TIP = To see if an employer or union is claiming the caller for the retiree drug subsidy: Go to the MA PDP tab in NGD and check the Employer Subsidy Indicator. TRANSFER = Disenrollment, if caller wants to opt out.</p>	

Status: Active	Deactivated Date: n/a
<p>Script: If your (or your spouse's) employer/union has told you that your current coverage is at least as good as the Medicare standard prescription drug coverage (this is called creditable prescription drug coverage):</p> <ul style="list-style-type: none">• You can keep it as long as it is still offered by your employer/union. AND• You won't have to pay a penalty if your employer/union stops offering, or you drop your prescription drug coverage. You must join a Medicare drug plan within 63 days after the coverage ends if you don't want to pay a penalty. <p>Please keep a copy of the notice that says you have creditable coverage. If you join a Medicare drug plan after May 15, 2006, you may need to give your plan a copy to show that you do not have to pay a higher premium.</p> <p>If your (or your spouse's) employer/union has told you that your current coverage is not at least as good as the Medicare standard prescription drug coverage (non-creditable), you may be able to:</p> <ul style="list-style-type: none">• Keep your current employer/union drug plan and join a Medicare drug plan that gives you more complete prescription drug coverage.• Keep only your current employer/union drug plan. Keep in mind that if you join a Medicare drug plan after May 15, 2006, you will have to pay a penalty.• Drop your current coverage and join a Medicare Prescription Drug Plan.• Drop your current coverage and join a Medicare Advantage or other Medicare Health Plan that covers prescriptions. <p>ADDITIONAL INFORMATION: If you drop your employer/union coverage, you may not be able to get it back. You may not be able to drop your employer/union drug coverage without also dropping your employer/union health coverage. You should talk to your benefits administrator about all of your options.</p> <p>If you are covered under COBRA, you should check with your benefits administrator to see if the coverage is creditable.</p>	
<p>Tips: TIP = If the employer refuses to give the caller a letter stating that their coverage is creditable, please escalate the call to the Reference Center. When you escalate it, please include the following information: the employer company name, the insurance company name, the name of the person that the beneficiary talked with (if possible) and the beneficiary's name. FULFILLMENT = Quick Facts about Medicare's New Coverage for Prescription Drugs for people who have coverage from an employer or union (11107) REFERENCE MATERIAL = Employer Union Creditable Coverage Model Language REFERENCE MATERIAL = Employer Union Non-creditable Coverage Model Language</p>	

Status: Active	Deactivated Date: n/a
<p>Script: **CSR NOTE: This script only applies to people who do not have LIS.**</p> <p>Medicare prescription drug plans will vary. This means that the monthly premiums, deductibles, co-payments, and formularies will vary depending on the plan you choose.</p> <p>Plans must offer coverage that is as good as the Medicare minimum standard coverage.</p> <p>Medicare minimum standard coverage (use this as an example): When you join, you will pay a monthly premium that varies by plan. The average premium in 2006 is about \$32.20, but premiums in many plans are lower. This amount is in addition to any other Medicare premiums that you pay now.</p> <p>You will pay the first \$250 (this amount may vary) per calendar year for your prescriptions. This is called your deductible.</p> <p>After you pay the \$250 yearly deductible, here's how the costs work:</p> <ul style="list-style-type: none">• You pay 25% of your yearly drug costs, from \$250 to \$2,250, and your plan pays the other 75% of these costs. This means you will have to pay \$500 out-of-pocket. This amount is called the Initial Coverage Limit.• You pay 100% of your next \$2,850 in drug costs until you have \$3,600 in out-of-pocket costs. This amount is called the Coverage Gap. (CSR Note: \$250 deductible + \$500 (25% share of \$250 to \$2250) + \$2,850 = \$3600 out-of-pocket cost.)• After you have spent \$3,600 out-of-pocket, you pay 5% of your drug costs (or a small copayment) for the rest of the calendar year and your plan pays the rest. This is called Catastrophic Coverage. <p>**CSR NOTE: Go to the PDPF tool to give actual cost information about each plan. **</p>	
<p>Tips: REFERRAL = Medicare prescription drug plan, if caller feels that they are being charged the wrong co-payment amount or they have any other cost-related questions about their plan. SCRIPT = Drug Coverage Cost Out of Pocket TROOP SCRIPT = Drug Coverage Cost Premium Payment Late Penalty SCRIPT = CS Drug Coverage Prescription Plan Finder PDPF Lead In Mcare D</p>	

Status: Active	Deactivated Date: n/a
<p>Script: When looking at the estimated annual costs between Medicare prescription drug plans, there are many things to consider.</p> <p>Fixed Monthly Costs: There are certain costs that you will pay every month. They are multiplied by 12 months when calculating your annual costs. These costs include monthly premiums, and if applicable:</p> <ul style="list-style-type: none">• payments made on drugs that are not on the plan's formulary, and• payments made on drugs covered by your plan that are excluded by Medicare law. (This applies to plans with enhanced benefits, such as coverage for barbiturates or benzodiazepines.) <p>(It is important to remember that these payments do not count towards your total drug costs or your total out of pocket costs for the year for the purposes of the benefit. This means that these costs will not help you reach your yearly deductible, initial coverage limit, or catastrophic coverage.)</p> <p>Deductible: Your annual costs include the full price of your drugs until you meet your yearly deductible. You pay the price negotiated by the plan. This price is less than the retail price.</p> <p>Initial Coverage Limit: Your annual costs include the amount you pay until you reach the Initial Coverage Limit. Keep in mind that the initial coverage limit (often \$2250) is based on the full cost of the drugs, not what you pay.</p> <p>Coverage Gap: Unless a plan offers coverage while you are in the coverage gap, your annual costs include the negotiated price of your drugs until you reach catastrophic coverage.</p> <p>Catastrophic Coverage: Once you reach catastrophic coverage, your annual costs include the small amount you pay for your drugs until the end of the calendar year.</p>	
<p>Tips: SCRIPT = Drug Coverage Cost SCRIPT = Drug Coverage Cost Out of Pocket TROOP SCRIPT = Drug Coverage Covered and Excluded Drugs SCRIPT = CS Drug Coverage Prescription Plan Finder PDPF Lead In Mcare D</p>	

Status: Active	Deactivated Date: n/a
<p>Script: Does your Medigap policy cover prescription drugs (that is, do you have one of the standardized Medigap plans H, I, or J or a non-standardized Medigap plan that includes drug coverage)?</p> <p>If YES, READ: You will generally save money and get better coverage with the new Medicare prescription drug coverage. Medicare coverage will never run out if you have high drug costs.</p> <p>Your Medigap plan should have sent you information before November 15, 2005 that will let you know how your current coverage compares to the standard Medicare prescription drug coverage. Do not make any decisions until you have read this information. If you did not receive it, you should contact your Medigap plan.</p> <p>If your Medigap plan has told you that your current coverage is, on average, at least as good as the Medicare standard prescription drug coverage (creditable drug coverage):</p> <ul style="list-style-type: none">• You can keep it as long as it is still offered by your Medigap plan. AND• You won't have to pay a penalty if you decide to join a Medicare prescription drug plan after May 15, 2006. You must join a Medicare drug plan within 63 days after your Medigap coverage ends. <p>If your Medigap plan has told you that your current coverage is not, on average, at least as good as standard Medicare prescription drug coverage (non-creditable):</p> <ul style="list-style-type: none">• You can join a Medicare prescription drug plan. You will need to tell your Medigap plan to remove the drug coverage portion of your Medigap policy. You will not be able to get it back. You can also switch to a Medigap policy that doesn't cover prescription drugs. OR• You can decide to keep your Medigap drug coverage and not join a Medicare prescription drug plan. However, if you decide to join a Medicare prescription drug plan after May 15, 2006, you will have wait until the next Annual Enrollment period and pay a higher premium. <p>If NO, READ: You will be able to keep your Medigap policy and get a Medicare drug plan.</p> <p>Tips: SCRIPT = Mgp Plan Opt Standardized Policies A - J, if caller wants to know how to join a Medigap plan or if they can still sign up for a Medigap plan that covers prescription drugs. FULFILLMENT = Choosing A Medigap Policy: A Guide to Health Insurance for People with Medicare (02110)</p>	

Status: Active	Deactivated Date: n/a
<p>Script:</p> <p>Late Enrollment Penalty:</p> <p>It is important that you join a Medicare drug plan when you are first eligible. If you join a plan after you are first eligible, you are likely to pay a higher premium.</p> <p>You will not have to pay a higher premium if you currently have a drug plan that covers at least as much as a Medicare drug plan (called creditable coverage). If that coverage ends, you must join a Medicare drug plan within 63 days. If you do not enroll in a Medicare drug plan within 63 days, you will have to wait until the next open enrollment period, and you will likely have to pay a late enrollment penalty.</p> <p>If you do have to pay a penalty, your premium will be at least 1% more for every month you were not enrolled in a Medicare drug plan. Keep in mind that the penalty will be 1% percent of the base premium for that year, not 1% of the premium of the plan you join. (See tip for example.) The base premium will be about \$32.20 in 2006 and will go up each year. This means that the amount of your penalty will also go up every year. You will have to pay this penalty as long as you have Medicare drug coverage.</p> <p>Medicare will calculate the penalty and let your plan know the amount. The penalty will be collected when you pay your premiums.</p> <p>Premium Payment Methods:</p> <p>You have three options to pay the monthly premiums for your plan.</p> <ol style="list-style-type: none">1. You can give your plan permission to deduct the premium from your bank account.2. You can pay your plan by mailing them a check or money order.3. You can have your premium taken out of your Social Security benefits every month. This will be similar to the way that some Medicare Part B premiums are paid. <p>When you join a plan, you will be asked how you would like to pay for your premiums. If you want to change your method of payment, please contact your plan.</p> <p>**CSR NOTE: Do not refer callers to SSA for questions about Medicare drug plan premiums. These questions should be referred to the drug plan.**</p>	
<p>Tips:</p> <p>TIP = If someone chooses option #1 or #2 above, they may be billed quarterly for their premiums. It is up to the plan to decide how often they will bill for their premiums.</p> <p>TIP = Example: If you wait to sign up for a plan until next year's open enrollment period (between November 15 and December 31), your coverage will start on January 1, 2007. This means that you were without coverage for 7 full months (June - December) after the initial enrollment period ended (May 15, 2006). You will be assessed a 7% penalty. This penalty will be 7% of the base premium for 2007. You will have to pay this amount in addition to the regular monthly premium.</p> <p>TIP = If you drop your Medicare prescription drug coverage and do not join another plan, you will have to pay a late enrollment penalty if you decide to join at a later date. The penalty will be at least 1% more for every month that you did not have Medicare prescription drug coverage.</p> <p>TIP = The premium cannot be taken out of Civil Service or Railroad Retirement Board benefits at this time.</p> <p>REFERRAL = Medicare drug plan for questions about premiums.</p> <p>SCRIPT = SSA Automatic Premium Deductions, if caller is in a stand alone PDP and wants to know when the premium will be deducted from their Social Security check.</p> <p>SCRIPT = Managed Care Out of Pocket Costs Premiums, if caller is in a MA PDP and wants to know when the premium will be deducted from their Social Security check.</p>	

Status: Active	Deactivated Date: N/A
<p>Script: If Medicare is covering your stay in a hospital or skilled nursing facility, your drugs will be paid for under Medicare Part A. Medicare Part A will stop paying for your drugs when you leave the hospital or skilled nursing facility. If you have Medicare prescription drug coverage, your plan may cover the prescription drugs after Part A stops paying for them.</p> <p>If your drugs are currently covered by Part B, they will continue to be covered by Part B, even if you are staying in a hospital or skilled nursing facility. You may want to join a Medicare drug plan to help pay for other drugs you may be taking that are not currently covered under Part B.</p> <p>ADDITIONAL INFORMATION: If Part A or B covers your prescription drug, that drug will not be paid for by your Medicare drug plan.</p> <p>If Part A or Part B does not cover your prescription drugs, your Medicare drug plan may cover them as long as they are on the plan's formulary.</p>	
<p>Tips: SCRIPT = Benefit Periods/Lifetime Reserve Days SCRIPT = Part B Covered Prescription Drugs and Medicine SCRIPT = Drug Coverage Formulary SCRIPT = Drug Coverage Covered and Excluded Drugs</p>	

Status: Active	Deactivated Date: n/a
<p>Script: Medicare -approved Drug Discount Card: The Medicare-approved drug discount cards were offered to help you save money on drug costs until Medicare drug plans became available. You can no longer sign up for one of these cards.</p> <p>You can use your Medicare-approved drug discount card and credit until May 15, 2006 or until you join a Medicare drug plan, whichever is first. Once you join a prescription drug plan, you must stop using your drug discount card and credit. You will get coverage for prescriptions through the Medicare drug plan.</p> <p>Patient Assistance Program (PAP): Payments made by your PAP may or may not count towards your true out-of-pocket costs (TROOP). You should check with your PAP to see how it will work with a Medicare prescription drug plan.</p> <p>If caller says their PAP is ending: Medicare is not forcing the program to end, but Medicare cannot require a PAP to continue coverage if they choose not to do so.</p> <p>State Pharmacy Assistance Program (SPAP): Each state that has a State Pharmacy Assistance Program will decide how its program will work with the Medicare drug coverage.</p> <ul style="list-style-type: none">• Some states may choose to give extra coverage when you join a Medicare drug plan to assist with your out-of-pocket expenses.• Some states may have a separate state program that helps with prescriptions. <p>You should contact your SPAP for more information.</p> <p>CSR Note: Access the SPAP list in Reference Materials to refer caller to appropriate SPAP or to verify that an organization is a SPAP.</p> <p>Supplemental Health Insurance (not Medigap): You should check with your plan to see how it will compare to Medicare drug coverage.</p> <p>Discounts through Drug Manufacturers or a non-Medicare Drug Discount Card: Any amount you pay for drugs through one of these programs will not count towards your Medicare drug plan's deductible or out-of-pocket expenses. You should check with the company that offers this program for more information.</p>	
<p>Tips: SCRIPT = Mcare Rx Drug Discount Card Enrolling Leaving or Using Card in 2006, if caller has questions about the Medicare-approved drug discount card. REFERENCE MATERIAL = State Pharmacy Assistance Programs (SPAPs), for a list of names and phone numbers for the State Pharmacy Assistance Programs.</p>	

Status: Active	Deactivated Date: n/a
<p>Script: You can apply now for extra help by filling out and mailing an application to the Social Security Administration (SSA). You can also apply online at www.ssa.gov. The application will ask for your level of resources and income. You will not have to send any documents when you apply. Would you like me to send you an application today?</p> <p>Read only if caller asks about applying at the local Medicaid office: SSA's application process for extra help provides you with the quickest decision, but you can also go to your local Medicaid office to apply. Your state will decide if you qualify for this help or other assistance that your state provides.</p> <p>If you apply, you will receive a letter in the mail letting you know if you qualify or not and what you need to do next. If you disagree with the decision, you have the right to appeal. You have 60 days from the date you received your letter to ask for an appeal. You will need to call SSA to find out how to file the appeal.</p> <p>If you apply and are approved for extra help in 2005, you will get the help for all of 2006. If you apply and are approved for the extra help after January 1, 2006, you will get the help for one year starting the date you were approved. If you are already in a plan when you are approved, the extra help will automatically be applied to your plan's costs.</p> <p>The agency that approved your application (SSA or Medicaid) will let you know when you need to reapply.</p> <p>You should call SSA if you:</p> <ul style="list-style-type: none">• need help filling out an application.• want to check the status of an application.• want to appeal the decision.• need a copy of your decision letter.• have any questions related to your decision letter. <p>CSR NOTE: If caller says that they were approved for the extra help, but our system does not show they qualify, READ: Please keep a copy of your award letter. You may need to show it to your plan as proof that you qualify for the extra help.</p>	
<p>Tips: TIP = You and your spouse can apply for the extra help on one application. TIP = You must submit an original copy of the application. REFERRAL = SSA REFERRAL = Medicaid, if caller applied at the local Medicaid office. FULFILLMENT = SSA LIS APP/Fact Sheet - (31020) (Do NOT send to residents of U.S. Territories) FULFILLMENT = Quick Facts about Medicare's New Coverage for Prescription Drugs if you applied for Extra Help (11130) REFERENCE MATERIAL = SSA LIS Determination- Denial REFERENCE MATERIAL = SSA LIS Determination- Partial Subsidy REFERENCE MATERIAL = SSA LIS Determination- Full Subsidy</p>	

Status: Active	Deactivated Date: n/a
<p>Script: Read if caller received a letter from Medicare about the extra help.</p> <p>Can you please read the second sentence of your letter that starts with "Our records show..."? </p> <p>If letter states that the caller has Medicare and Medicaid: Since you have both Medicare and Medicaid, you will get extra help paying for Medicare prescription drug coverage. Please hold on to your letter for your records. READ SCRIPT: Drug Coverage LIS Medicaid Dual Eligible Spend Down.</p> <p>If letter states that the caller gets help with paying for Medicare premiums : Our records show that you get help from your state (Medicaid) to pay for your Medicare premiums. Since you get help with your Medicare premiums, you will also get extra help paying for Medicare prescription drug coverage. You do not have to file an application for the extra help. You will have to join a prescription drug plan to take advantage of this extra help. When your coverage starts, you will have to spend very little out of your pocket. Please hold on to your letter for your records.</p> <p>I can help you apply for a drug plan today.</p> <p>If letter states that the caller receives SSI: Our records show that you currently receive Supplemental Security Income benefits. (See TIP box if caller is not sure what SSI benefits are .) Since you receive SSI, you will get extra help paying for Medicare prescription drug coverage. You do not have to file an application for the extra help. You will have to join a prescription drug plan to take advantage of this extra help. When your coverage starts, you will have to spend very little out of your pocket. Please hold on to your letter for your records.</p> <p>I can help you apply for a drug plan today.</p> <p>If caller has lost their letter: I'm sorry, but I cannot send you a copy of this letter. Medicare has a record of everyone who should get the extra help. When you join a plan, the plan will automatically know that you should get the extra help.</p> <p>Tips: TIP = SSI is a monthly benefit that is paid to people with limited income and resources who are disabled, blind, or age 65 or older. These benefits are not the same as Social Security benefits. SCRIPT = Drug Coverage LIS Deemed Letter Exceptions, if the caller states that they do not have Medicaid, get help with their premiums, or receive SSI, and feel that they got this letter in error. REFERENCE MATERIAL = Important Information from Medicare about Paying for Prescription Drugs (Dual Letter) REFERENCE MATERIAL = Important Information from Medicare about Paying for Prescription Drugs (MSP Letter) REFERENCE MATERIAL = Important Information from Medicare about Paying for Prescription Drugs (SSI Letter) TIP = If caller received an English version of the letter from CMS and wants a Spanish copy, order the appropriate letter listed below. If caller is unsure which letter they need, have them check the "CMS Pub. No." in the lower right-hand corner of the letter. FULFILLMENT = Dual Letter (#11132-S), MSP Letter (#11133-S), or SSI Letter (#11134-S) FULFILLMENT = Quick Facts about Medicare's New Coverage for Prescription Drugs for people who get Supplemental Security Income (11116)</p>	

Status: Active	Deactivated Date: N/A
<p>Script: Joining a Medicare drug plan is your choice. To get Medicare drug coverage, you need to join one of the Medicare drug plans available in your area. I can help you join a drug plan today.</p> <p>To join you must have Medicare Part A and/or Part B. Before joining a Medicare drug plan, you should compare the premium amounts for each plan, the participating pharmacies, and the list of covered drugs to make sure you choose a plan that meets your needs.</p> <p>You can join a Medicare drug plan from now through May 15, 2006. Your coverage will begin the first day of the month after you join.</p> <p>If you join a Medicare drug plan, you can switch to a different plan during an enrollment period. The last plan that you join will be the one that you are enrolled into.</p> <p>You can join by:</p> <ol style="list-style-type: none"> 1. Paper application You can contact the drug plan and ask for an enrollment form. Once you fill out the form, mail or fax it back to the company. 2. Going to www.medicare.gov You can join a drug plan at www.medicare.gov by using Medicare's online enrollment center. 3. Calling 1-800-MEDICARE I would be happy to help you join a plan today. 4. Contacting the Plan You can visit the drug plan's website. You may be able to join online. You can also call the plan and enroll over the phone. 5. Group Enrollment for Employer/Union Sponsored PDPs Your employer may enroll you into a Group or Union Sponsored Plan. <p>It may take up to 30 days to process your application. If you have not heard from your plan after 30 days, please contact them for the status. As long as the plan received your application by December 31, your coverage was effective on January 1.</p>	
<p>Tips: TIP = You and your spouse have to join a Medicare drug plan separately. SCRIPT = If the caller has Medicaid, gets help from the state to pay for their premiums, has SSI, or has applied and been approved for the extra help, read script Drug Coverage LIS Auto Enrollment How to Enroll. SCRIPT = Drug Coverage Medicare Advantage, if the caller has questions regarding Prescription Drug Plans through Medicare Advantage Plans or other Medicare Health Plans. SCRIPT = CS Drug Coverage Prescription Plan Finder PDPF Lead In Mcare D SCRIPT = Drug Coverage Enrollment End of Month SCRIPT = Drug Coverage Enrollment Disenrollment Periods FULFILLMENT = Comparing Medicare Prescription Drug Coverage # 11110 FULFILLMENT = Medicare Prescription Drug Coverage: How to Join # 11111</p>	

Status: Active	Deactivated Date: N/A
<p>Script: **CSR NOTE: Read this script if caller says they only have Original Medicare.**</p> <p>Medicare offers prescription drug insurance through Medicare-approved plans.</p> <p>You have two choices if you want to take advantage of this coverage:</p> <ul style="list-style-type: none">• You can join a Medicare prescription drug plan that covers prescription drugs only. You will continue to get your Medicare health benefits as you do now.• You can also join a Medicare Advantage or other Medicare Health Plan that covers your doctor and hospital care as well as your prescriptions. <p>If you do not join a Medicare prescription drug plan, you will not lose your Medicare Part A or B.</p> <p>If you have End-Stage Renal Disease (ESRD) and you are in the Original Medicare Plan, you may join a Medicare prescription drug plan, but you usually can't join a Medicare Advantage Plan or other Medicare Health Plan. However, if you are already in such a plan, you can stay in it or join another plan offered by the same company in the same state. If you've had a successful kidney transplant, you may be able to join a Medicare Advantage Plan or other Medicare Health Plan.</p>	
<p>Tips: SCRIPT = Drug Coverage Enrollment How to Enroll SCRIPT = Drug Coverage Cost SCRIPT = Plan Non-Renewals - Permanent Kidney Failure ESRD SCRIPT = ESRD Intro TRANSFER = If Tier I, send to MBS/Tier II if caller wants to join a Medicare Advantage Prescription Drug (MA-PD) plan.</p>	

Status: Active	Deactivated Date: n/a
<p>Script: Many Medicare Advantage Plans or other Medicare Health Plans already provide some coverage for prescription drugs. Medicare is working with your plan to help them provide even more prescription drug coverage or coverage at a lower cost. If your Medicare Advantage Plan or other Medicare Health Plan decides to offer a Medicare Prescription Drug Plan (MA-PD) you will get a notice from your Medicare Advantage Plan or other Medicare Health Plan about your prescription drug choices. Read any materials you get from your plan carefully.</p> <p>If you don't have prescription drug coverage, and want to add it, you can:</p> <ul style="list-style-type: none">• check with your current plan to see if they will offer a prescription drug plan in 2006. If they decide to offer prescription drug coverage, you will be required to get your drug coverage from your current health plan if you decide to stay in the plan. You will automatically be enrolled into that plan.• switch to another Medicare Advantage Plan or other Medicare Health Plan in your area that offers prescription drug coverage, or• switch to the Original Medicare Plan and join a Medicare Prescription Drug Plan. <p>You will be disenrolled from your Medicare Advantage Plan or other Medicare Health Plan if you decide to join a Medicare Prescription Drug Plan (PDP). You will return to Original Medicare for your health coverage.</p> <p>If you are in a Medicare Private Fee-For-Service plan or a Medicare Cost Plan, that does not affect drug coverage. You can add drug coverage without affecting your plan enrollment.</p> <p>If you stay in your current plan that isn't offering drug coverage in 2006, you may have to pay a penalty if you want to switch to a plan that offers prescription drug coverage later.</p> <p>If the caller has Original Medicare and wants to join a Medicare Advantage Prescription Drug Plan (MA-PD) read:</p> <p>You will be able to switch to a MA-PD plan during the January - March Open Enrollment period for Medicare Advantage plans.</p>	
Tips:	

Status: Active	Deactivated Date: N/A
<p>Script: All Medicare drug plans cover:</p> <ul style="list-style-type: none"> • Prescription drugs • Biological products* • Insulin • Supplies related to the injection of insulin, such as syringes, needles, alcohol swabs, and gauze (Test strips, lancets, and other diabetic supplies that are covered by Part B will still be covered by Part B.)** <p>By law, a drug may only be covered by your plan if it is:</p> <ul style="list-style-type: none"> • only available by prescription, • approved by the Food and Drug Administration (FDA), • used and sold in the United States, and • used for a medically accepted purpose. <p>The Medicare law excludes 9 groups of drugs from being covered under Medicare's drug coverage:</p> <ol style="list-style-type: none"> 1. benzodiazepines (ben-zoe-dye-AZ-e-peens) (known as tranquilizers, sleeping pills, anti-anxiety drugs) 2. barbiturates (often called sleeping pills) 3. drugs used to relieve coughs and colds 4. prescription vitamins and minerals, except prenatal vitamins and fluoride preparations 5. anorexia, weight loss, or weight gain drugs 6. nonprescription (over-the-counter) drugs 7. drugs used for cosmetic reasons or hair growth 8. drugs used to promote fertility 9. outpatient drugs where the manufacturers require you to buy an associated test or monitoring service exclusively from them <p>Your plan may offer extra coverage on some of the excluded drugs. For example, your plan may cover benzodiazepines and they may charge an extra premium. The amount you pay for these drugs doesn't count towards your \$3600 out-of-pocket cost. Also, you will not receive any extra help to pay for these drugs.</p> <p>If you have Medicare and Medicaid and your state paid for any of these excluded drugs, they still may pay. CSR NOTE: If caller lives in Tennessee, READ: Your state does not cover any excluded drugs.</p> <p>I can also give you a list of some of the drugs that your State will cover. CSR NOTE: Use Reference Material: State Medicaid Offices Covering Excluded Drugs</p>	
<p>Tips: *TIP = A biological product is usually a drug or vaccine made from a live product and used medically to diagnose, prevent, or treat a medical condition. **TIP = The PDPF tool does not have pricing information for supplies related to the injection of insulin. Please refer the caller to the drug plan for this pricing information. TIP = If a pharmacist gets a "drug not covered" message for a drug that was previously covered by Medicaid but is excluded by Medicare (especially with regards to benzodiazepines and folic acid), they should bill Medicaid after they receive the rejection from the PDP. TIP = The message "plan limits exceeded" in many cases is because of Medicaid having covered a 31 day supply while the PDP is only covering a 30 day supply. Pharmacists should change the quantity and days of supply for reprocessing before calling the plan for help. TIP = Some common versions of benzodiazepines (ben-zoe-dye-AZ-e-peens) are Xanax, Valium, and Ativan. TIP = Some common types of biologicals are interferon, etanercept, and infliximab. REFERENCE MATERIAL = State Medicaid Offices Covering Excluded Drugs SCRIPT = Part B Covered Diabetic Monitoring Supplies WEB = If caller has Internet access, s/he can view the list of the Medicaid-covered drugs here: http://new.cms.hhs.gov/States/EDC/list.asp.</p>	

Status: Active	Deactivated Date: n/a
<p>Script: Read this script if a caller is complaining that a drug was on the formulary when they enrolled in a drug plan, but now that drug is not covered.</p> <p>The Medicare law excludes 9 groups of drugs from being covered under Medicare's prescription drug coverage. (See SCRIPT, Drug Coverage Covered and Excluded Drugs, for the list.)</p> <p>Some Medicare drug plans originally included some of these drugs on their formularies. However, since the drugs are excluded by law from being covered by Medicare, plans have now removed them from their formularies. Your plan did not have to give you 60 days notice before removing any of these excluded drugs from the formulary.</p> <p>Some examples of these excluded drugs that may have been mistakenly included on a plan's formulary in error are:</p> <ul style="list-style-type: none">• Niaspan• Niacor• Folic acid• Vitamin K• Vitamin B-12 <p>Some Medicare drug plans offer extra coverage on some drugs not normally covered by the Medicare drug coverage. You may be able to switch to one of these plans before May 15, 2006.</p> <p>(CSR NOTE: If caller asks about switching plans, see SCRIPT, Drug Coverage Enrollment Disenrollment Periods, for more information.)</p> <p>**PLEASE DO NOT LOG THESE CALLS AS COMPLAINTS.**</p>	
<p>Tips: TIP = The AARP plan is one of the plans that had mistakenly included these drugs on their formulary. They were directed by CMS to remove them as they are statutorily excluded drugs. SCRIPT = Drug Coverage Covered and Excluded Drugs SCRIPT = Drug Coverage Enrollment Disenrollment Periods</p>	

Status: Active

Deactivated Date: n/a

Script:

Medicare is committed to protecting you and other people with Medicare from fraud and identity theft. Here are some things you should know to help you protect yourself.

Medicare Prescription Drug Plans :

- Can market their products.
- Began enrolling people with Medicare on November 15, 2005.
- Will have a "Medicare-Approved" seal on their materials.

People who work with Medicare Prescription Drug Plans :

- Cannot come to your home uninvited to sell or endorse any Medicare-related product. They can call you about their plan. They must comply with the National Do Not Call Registry guidelines and only call between 8am and 9pm.
- Cannot enroll you into a drug plan over the telephone, unless you call them and ask to be enrolled.
- Cannot ask about your personal health history when you enroll in a plan.
- Cannot ask for payment over the telephone or web. The plan must bill you if you enroll over the telephone or web.

Keep your personal information safe :

Don't give out your personal information until you are sure that the person is working with Medicare and their product is approved by Medicare.

Your personal information can include your:

- Name
- Social Security number
- Medicare number
- Bank account number(s)
- Credit card number(s)

If caller wants to check to see if a plan is a legitimate Medicare drug plan:

Launch the PDPF Tool to find the plan.

If tool is down:

- Have caller check for "Medicare-Approved" seal on their materials. If the seal is there, then it is a legitimate Medicare prescription drug plan.
- If caller does not have any materials or cannot find the seal, click on this [map](#).

If caller suspects or wants to report fraud, READ SCRIPT: Drug Coverage Complaints.

If caller thinks that someone is misusing their personal information, READ SCRIPT: Medicare Card Rights Preventing Identity Theft.

TIPS:

SCRIPT= Medicare Card Rights Preventing Identity Theft

SCRIPT= If caller has questions about Prescription Drug Coverage, see script Drug Coverage Overview.

REFERENCE MATERIAL = Medicare Approved Seal

FULFILLMENT= Quick Facts About Medicare prescription Drug Coverage and Protecting Your Personal Information (11147) See page 1 for sample of the "Medicare Approved" seal.

Status: Active	Deactivated Date: N/A
<p>Script: If you have full coverage from Medicaid and live in a nursing home, you can enroll in a drug plan of your choice. If you do not enroll, Medicare will enroll you in a drug plan. You will continue to get your prescriptions as you do now and you will pay nothing out of your own pocket for your drugs.</p> <p>If you live in another setting, such as an Assisted or Adult Living Facility, you will be able to join a Medicare prescription drug plan. Your plan will work the same as if you were living in your own home.</p> <p>CSR NOTE: Read appropriate script, such as Drug Coverage Enrollment How to Enroll.</p> <p>You will need to be enrolled in a Medicare drug plan in order to get your prescription drugs through Medicare. Your nursing home pharmacy should have a contract with all the Medicare drug plans in your area. You will be able to receive your prescription drugs through that pharmacy. If the nursing home pharmacy does not accept your plan, you can switch to a Medicare drug plan that includes your pharmacy.</p> <p>You can find out which Medicare drug plans work with your pharmacy by contacting your nursing home directly.</p> <p>ADDITIONAL INFORMATION: If you live in a nursing home and you are enrolled in a Medicare drug plan, you will be given a special opportunity to switch plans if you leave the nursing home.</p> <p>If you are already enrolled in a Medicare drug plan and you move into a nursing home or another type of long term care facility, if you need to, you will be given a special opportunity to switch Medicare drug plans at that time.</p> <p>If you are in a skilled nursing home and get Medicare-covered skilled nursing care, your prescriptions generally will be covered by Medicare Part A while in that facility, as long as Medicare still covers your stay in the skilled nursing home.</p>	
<p>Tips: SCRIPT = Drug Coverage CS Prescription Plan Finder PDPF Lead In SCRIPT = Drug Coverage LIS Medicaid Dual Eligible Spend Down SCRIPT = Drug Coverage Enrollment How to Enroll REFERRAL = If caller is unsure if they have Medicaid, have them contact their state Medicaid office. If caller is sure that they have Medicaid, there is no need to refer them to the local Medicaid office. REFERRAL = SHIP (State Health Insurance Assistance Program) if the caller needs one-on-one counseling to decide which plan is best for them. FULFILLMENT = Quick Facts about Medicare's New Coverage for Prescription drugs for people who are Nursing Home Residents #11121</p>	

Status: Active	Deactivated Date: n/a
<p>Script: If you are enrolled or eligible for VA health benefits, your coverage will not change. If you decide that VA drug coverage meets your needs, you can choose not to join a Medicare prescription drug plan.</p> <p>VA prescription drug coverage is considered creditable prescription drug coverage, which means it is at least as good as Medicare prescription drug coverage. This means that if you decide you want to join a Medicare prescription drug plan after May 15, 2006, you won't have to pay a late enrollment penalty.</p> <p>Based on your prescription drug needs, you may choose to have both VA and Medicare prescription drug coverage.</p> <p>You may want to contact your local VA facility before making any changes to your prescription drug coverage.</p> <p>ADDITIONAL INFORMATION If you are thinking about joining a Medicare prescription drug plan, you should consider:</p> <ul style="list-style-type: none">• Where you live : You may benefit from Medicare drug coverage if you live in or move into a nursing home that does not let you use your current VA drug benefits. You may also want Medicare drug coverage if you live far from a VA facility.• Where you want to fill your prescriptions : In most cases, with VA drug coverage, you must fill your prescriptions through a VA pharmacy in person or by mail. If you'd rather get your prescription drugs from local retail pharmacies, you may want to consider the flexibility offered by a Medicare prescription drug plan. <p>For more information on VA health care benefits, you can contact the VA Health Benefits Service Center at 1-877-222-VETS (8387), visit www.va.gov/health_benefits on the web or visit your local VA medical facility.</p>	
<p>Tips: SCRIPT = Drug Coverage LIS Employer Retiree, if caller got an auto enrollment letter. WEB = www.va.gov/healtheligibility REFERRAL = VA Health Benefits Service Center, 1-877-222-VETS (8387)</p>	

Status: Active	Deactivated Date: n/a
<p>Script: If caller has questions about losing their food stamp benefits, READ:</p> <p>If you apply and qualify for extra help paying for the new Medicare prescription drug coverage, you may see your food stamp benefits go down as you spend less on drugs. Using the new Medicare drug coverage means you will have more cash to spend on food that you used to spend on prescription drugs. The value of the extra help paying Medicare prescription drug costs will more than make up for any loss in food stamps.</p> <p>If caller has questions about losing their housing assistance, READ:</p> <p>If you apply and qualify for extra help paying for the new Medicare prescription drug coverage, you will not lose your housing assistance. However, your housing assistance may be reduced as you spend less on drugs. Using the new Medicare drug coverage means you will have more cash to spend on rent that you used to spend on prescription drugs. The value of the extra help paying Medicare prescription drug costs will more than make up for the lower housing assistance.</p> <p>If caller has questions about losing their energy assistance, READ:</p> <p>If you apply and qualify for extra help paying for the new Medicare prescription drug coverage, you will not lose your energy assistance. You will still be able to get help with your home heating and cooling expenses through the Low Income Home Energy Assistance Program (LIHEAP). The eligibility levels for home energy assistance are based on your income without regard to your medical expenses.</p>	
<p>Tips: TIP = If caller gets the \$10 minimum food stamp benefit, their benefits may end. REFERRAL = Local welfare office or USDA if they have further questions about food stamp benefits. This number can be found in the caller's local phone book in the blue pages under the State Government listings. REFERRAL = Local housing authority or HUD if they have further questions about housing assistance. This number can be found in the caller's local phone book in the blue pages under the State Government listings.</p>	

Status: Active	Deactivated Date: N/A
<p>Script: CSR NOTE: If caller asks about PACENET (for the state of Pennsylvania), this is an SPAP. Please read: Drug Coverage Other Assistance Programs.</p> <p>If you are in a Program of All-inclusive Care for the Elderly (PACE) program and wish to stay in your PACE plan with prescription drug coverage, you don't have to do anything to continue to get your drug coverage through PACE as you do now.</p> <p>You don't need to join a separate Medicare drug plan because you will get Medicare prescription drug coverage through your PACE plan. If you join a separate Medicare drug plan, you will be disenrolled from your PACE plan. Remember, your PACE program provides not only your prescription drug coverage, but all of your health care services. This means if you join a Medicare drug plan, you will no longer get other health care services from your PACE plan. If you join a Medicare drug plan but later decide to enroll in PACE, you can disenroll from the Medicare drug plan and switch to a PACE plan at any time, as long as you qualify for the PACE benefit.</p> <p>If you stay in your PACE plan and have Medicare but not Medicaid, you will pay a separate monthly premium for your Medicare drug coverage, as well as another premium for all other services that you get through PACE. You may qualify for extra help from Medicare paying for your prescriptions depending on your income and resources.</p> <p>If you are currently in a PACE plan and want to switch to a different Medicare drug plan, you must join a Medicare drug plan within 63 days of your PACE disenrollment date if you don't want to pay a penalty. Remember, if you join a separate Medicare drug plan, you will no longer receive other health care services from your PACE plan.</p> <p>If you stay in your PACE plan and have Medicare and Medicaid, you do not need to do anything. You will continue to get your drugs as you do now at no out-of-pocket cost to you.</p> <p>Tips: TIP = If you have questions about the Medicare prescription drug coverage or would like help completing an application for extra help paying for Medicare prescription drug coverage, talk to your social worker or any other staff person at your PACE organization. SCRIPT = Drug Coverage Overview SCRIPT = Drug Coverage Cost Premium Payment Late Penalty</p>	

Status: Active	Deactivated Date: n/a
<p>Script:</p> <p>Calls from the West Corporation:</p> <p>A representative may call you to ask if you received and completed the application for extra help. They may encourage you to apply for the extra help if you haven't done so already. The Social Security Administration (SSA) has contracted with NCS Pearson, Inc. and its partner, the West Corporation, to make these calls.</p> <p>The person who calls you will say that they are calling from the West Corporation, on behalf of the Social Security Administration. They will not ask for any personal information such as your Social Security number, date of birth, or income or resource information. However, you may be asked to verify your current address if you want another application mailed to you.</p> <p>Calls from the SSA:</p> <p>SSA will ONLY contact you by phone if:</p> <ul style="list-style-type: none">• You applied for the extra help and there are questions on the application that were not answered.• There are answers that cannot be read.• There are differences between answers on your application and information they receive from other federal agencies.• You tell the West Corporation that you want someone from Social Security to help you complete an application over the phone.• You tell the West Corporation you have questions you need answered by Social Security. <p>When SSA calls, they will never ask you for credit card or life insurance policy numbers. The only time they will ask for a Social Security number is if the number on the application is not valid, and they need the correct number. Also, if the information you provided is different than what is on their records, they may ask for bank account information.</p> <p>If you are at all suspicious, you should:</p> <ul style="list-style-type: none">• Ask the caller for their name and phone number to call them back.• Hang up and call Social Security right away to make sure that the call was legitimate.	
<p>Tips:</p> <p>REFERRAL = SSA</p> <p>TIP = If you receive a call about this issue, enter the following information into the feedback application (1-800 CSRs Only):</p> <ol style="list-style-type: none">1. Caller's zip code2. Date and time that the person with Medicare received the call3. Detailed information to describe caller's questions or concerns4. Was the caller just looking for verification that the call was legitimate?5. Was caller asked for their SSN or Medicare number, and if yes, did they provide it?6. Include any name(s) or call back number(s) left with them.	

Status: Active	Deactivated Date: n/a
<p>Script:</p> <p>When you join a Medicare drug plan, your plan will send you the following:</p> <ol style="list-style-type: none">1. Evidence of Coverage (EOC) - This booklet will give you the details about your drug coverage and the plan rules that apply.2. Summary of Benefits - This document will briefly explain the benefits offered by your plan.3. Formulary - This will list the drugs covered by your plan.4. Pharmacy Directory - This will list the pharmacies in your plan's network.5. Membership Card - This will be the card you use when you fill your prescriptions. If your name is wrong on the card, please contact the drug plan. Your red, white, and blue Medicare card will not change. <p>Every year, your plan will send you the following:</p> <ol style="list-style-type: none">1. Annual Notice of Change - Your plan must give you notice of plan changes taking place on January 1 of the next year. Your plan must send you this notice before October 31 of the current year.2. Evidence of Coverage3. Summary of Benefits4. Formulary <p>Your plan must also send you an Explanation of Benefits (EOB) during months in which you used your Medicare drug plan.</p> <p>The EOB must include :</p> <ol style="list-style-type: none">1. A list of the items or services for which payment was made and the amount of the payment for each item or service.2. A notice of your right to ask for an appeal or coverage determination.3. A year-to-date total of your out-of-pocket costs for:<ul style="list-style-type: none">• Your annual deductible• The amount you pay for each prescription• Out-of-pocket payments where you paid 100%• Your Total Out-Of-Pocket costs (TROOP) that count towards the plan's limit before it pays a large portion (up to 95% of your costs)4. A year-to-date total amount that was paid for your drugs by both you and your plan.5. A description of any negative changes to the formulary that will occur at least 60 days in the future. <p>ADDITIONAL INFO:</p> <p>Your plan must offer these materials in other formats such as Braille, foreign languages, audio tapes, or large print.</p>	
<p>Tips:</p> <p>SCRIPT = Drug Coverage Cost Out of Pocket TROOP</p> <p>REFERRAL = Medicare prescription drug plan</p> <p>REFERENCE MATERIAL = Drug Coverage Model Explanation of Benefits (EOB)</p>	

Status: Active	Deactivated Date: n/a
<p>Script:</p> <p>If caller has Medicare and Medicaid: Medicare now pays for your drugs instead of Medicaid. If you didn't join a Medicare prescription drug plan by December 31, 2005, Medicare enrolled you in a plan to make sure you didn't miss a day of coverage. You should have received a letter on yellow paper that tells you which plan Medicare picked for you. You can still compare plans and choose to join another plan. You can switch plans at any time.</p> <p>If caller gets help from their state to pay for their Medicare premiums, has SSI, or has applied and been approved for the extra help: You should choose and join a Medicare drug plan that meets your needs. If you have not joined a plan by May 15, 2006, Medicare will enroll you in a plan to make sure you get coverage. Your coverage will start on June 1, 2006. You can still compare Medicare drug plans and choose to join another plan.</p> <p>If caller wants to switch plans:</p> <ul style="list-style-type: none"> • If you get SSI or if you applied and were approved for the extra help: You can switch plans at least once before December 31, 2006. • If you get help with your Medicare premiums: You can switch plans anytime. <p>Medicare Advantage or other Medicare Health Plans: If you qualify for extra help, you can get prescription drug coverage as part of a Medicare Advantage Plan or other Medicare Health Plan (MA-PD). If you join one of these plans, you would get all of your Medicare health care through that plan, including prescription drugs. The extra help will only cover the cost of the basic drug premium and the prescription drug coverage portion of your plan costs. You will be responsible for paying any difference.</p> <p>You will only be automatically enrolled into an MA-PD if you are already in a Medicare Advantage or other Medicare Health Plan.</p> <p>ADDITIONAL INFORMATION: When you join a plan, the plan will automatically know that you should get the extra help.</p>	
<p>TIP = The auto-enrollment process will be random. Medicare will choose among available prescription drug plans that have a premium at or below the premium for a standard plan in your region. TIP = If you are married, Medicare might not enroll you and your spouse in the same plan. If you or your spouse want to switch plans so you are both in the same plan, you can do this before the date your coverage starts or during one of the enrollment periods. SCRIPT = Drug Coverage Disenrollment, if caller wants to opt out after being auto-enrolled or if caller wants to disenroll from a drug plan. SCRIPT = Drug Coverage LIS Mailings SCRIPT = Drug Coverage Enrollment How To Enroll FULFILLMENT = Comparing Medicare Prescription Drug Coverage # 11110 FULFILLMENT = Medicare Prescription Drug Coverage: How to Join # 11111</p>	

Status: Active	Deactivated Date: n/a
<p>Script: Auto Enrollment Notice: All people with both Medicaid and Medicare will receive a letter from Medicare. This letter lets you know that Medicare will cover your prescription drugs instead of Medicaid. The letter also has the name of the plan Medicare picked for you and the date your coverage will start. (READ Drug Coverage LIS Auto Enrollment How to Enroll)</p> <p>If a dual eligible (has Medicare and full Medicaid) lost the letter and wants another copy, READ: We will send you another copy of the letter for you to keep for your records. In order to do that, I need to get some information from you.</p> <p>CSR NOTE: Escalate to the Reference Center. The caller will NOT receive a call back, so DO NOT tell them they will and do NOT read Reference Center Call Backs script.</p> <p>When you escalate the call, please include the following in the RC Entry Form after passing disclosure :</p> <ul style="list-style-type: none">• "REPLACEMENT AUTO-ENROLLMENT LETTER,"• the full name of the beneficiary,• the complete address (including apartment or lot number),• the phone number of the beneficiary, and• the Medicare number (HICN). <p>**If you are a Reference Center CSR ONLY, log: Drug Coverage LIS Auto Enrollment Notice Reference Center.**</p> <p>Once you join a drug plan, you will receive various mailings from that plan. (READ Drug Coverage Plan Mailings)</p> <p>If the caller decides to opt-out of Medicare drug coverage read: If you decide to decline Medicare drug coverage, meaning you don't want to join a Medicare drug plan and you don't want Medicare to enroll you in a plan, Medicare will send you a notice confirming your request. (READ Drug Coverage Disenrollment)</p> <p>ADDITIONAL INFORMATION: If you decide to switch Medicare drug plans or opt out of Medicare drug coverage, depending upon when the Medicare drug plan is notified of your decision, you may still receive material from them. You can disregard this material.</p>	
<p>Tips: TIP = The Auto Enrollment Notice will be printed on yellow paper. TIP = Enrollments in one month are effective the first of the next month. SCRIPT = Drug Coverage Plan Mailings SCRIPT = Drug Coverage LIS Auto Enrollment How to Enroll SCRIPT = Drug Coverage Disenrollment REFERENCE MATERIAL = Drug Coverage Auto Enrollment Notice</p>	

Status: Active	Deactivated Date: N/A
<p>Script: If you have Part A and/or B, you can join a drug plan until May 15, 2006. If you don't join when you're first eligible, you may have to pay a penalty.</p> <ul style="list-style-type: none">• After you join a Prescription Drug Plan, you can switch plans once until May 15, 2006.• After you join a MA-PDP, you can switch plans twice until June 30, 2006.• If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. If you want to drop your current plan without joining a new plan, it will count as one of your chances to switch plans. Once you have used all your chances to enroll, you have to wait until Nov. 15 to join another plan. <p>Generally, after May 15, 2006, you can join, switch, or disenroll once from Nov. 15 to Dec. 31 of each year. The new plan will start Jan. 1 of the next year.</p> <p>If you have full Medicaid coverage or get help from your State with your Medicare premiums, you can switch to another plan anytime.</p> <p>If you switch plans, you can use your old plan until the new plan is effective (first day of the next month).</p> <p>In special circumstances, you may be given another chance to switch or join a drug plan. The new plan will start the first day of the next month.</p> <p>You may be able to join/switch plans if:</p> <ul style="list-style-type: none">• You lose your current creditable drug coverage.• You move outside the service area of your plan and you tell the plan in 63 days.• You have Medicare and become eligible for Medicaid.• You have Medicare and Medicaid and are no longer eligible for Medicaid.• Your Medicare drug plan stops offering coverage. (See tip box)• There was an error with your disenrollment/enrollment into a drug plan. <p>If caller is not yet eligible for Medicare: When you're first eligible for Medicare because you're turning 65 (or because of a disability), you can join a Medicare drug plan during the 7-month period that is 3 months before you're eligible, the month you're eligible, and 3 months after you're eligible.</p> <p>Tips: TIP = If a plan stops offering coverage, they must give each member a written notice of the effective date of the termination or service area reduction. This notice must also explain the different options that plan members have in order to continue getting Medicare drug coverage. TIP = Once an enrollment date is effective, you are generally enrolled for a year. SCRIPT = SSA Enrollment Period Initial (for detailed information on the Part B Initial Enrollment Period) SCRIPT = Drug Coverage Long Term Care LTC Nursing Home (for individuals who live in a long term care facility) SCRIPT = Drug Coverage Disenrollment, for disenrollment questions SCRIPT = Drug Coverage LIS Auto Enrollment How to Enroll (for more information about the enrollment periods for those with LIS)</p>	

Status: Active	Deactivated Date: N/A
<p>Script:</p> <p>Voluntary Disenrollment:</p> <p>You can disenroll from a Medicare drug plan between November 15 and December 31 of each year by:</p> <ul style="list-style-type: none">• calling the plan,• calling 1-800-Medicare, or• joining another plan. <p>If you change your mind, you can cancel your enrollment in a different Medicare drug plan (or cancel your disenrollment from your current Medicare drug plan) prior to the effective date of your coverage.</p> <p>Involuntary Disenrollment:</p> <p>Medicare prescription drug plans must disenroll you from the plan if:</p> <ul style="list-style-type: none">• you no longer have Medicare,• you move outside of the plan's region,• Medicare ends the plan's contract,• there was fraud with the enrollment form or use of the ID card,• your employer/union ends its contract with the plan (Your employer/union will notify you of your options.),• you act in a way that keeps the plan from providing services to you or to other people, or• you fail to pay your premium. Once a plan notifies you in writing that your payment is due, you will receive a grace period of one month to pay your premium. However, the plan can extend the grace period. <p>A plan cannot disenroll you for health-related reasons.</p> <p>If the caller has both Medicare and Medicaid: If you do not want to be enrolled into a Medicare prescription drug plan, you must decline it so you are not auto-enrolled into another Medicare drug plan.</p> <p>To get prescription drug coverage in the future, all you have to do is enroll in another plan. Please be aware that if you decline Medicare prescription drug coverage:</p> <ul style="list-style-type: none">• Starting on January 1, 2006, Medicaid will no longer cover your prescription drugs.• A penalty may apply depending on how long you wait to re-enroll. <p>Do you want to decline the Medicare prescription drug coverage?</p> <p>IF YES, CSR NOTE: If caller wants to decline, transfer caller to Disenrollment.</p>	
<p>Tips:</p> <p>SCRIPT = If the caller has questions about the enrollment periods read script: Drug Coverage Enrollment Disenrollment Periods.</p>	

Status: Active	Deactivated Date: n/a
<p>Script: (Maximum 1900 characters including spaces) You can only join ONE Medicare prescription drug plan. However, in most cases, you can join a Medicare prescription drug plan even if you already have drug coverage from another source.</p> <p>You may not be able to have both Medicare prescription drug coverage and employer/retiree drug coverage if your employer is claiming you for the retiree drug subsidy. Your employer is responsible for telling you how their coverage works with Medicare.</p> <p>Coordination of Benefits: When you enroll in a Medicare drug plan, you will be asked on the enrollment form if you have drug coverage from another source. If you say "yes", the plan will do a follow-up survey to find out what other type(s) of drug coverage you have. This survey may be conducted by telephone, mail, or in person. Medicare will then work with your other sources of drug coverage to see who will pay first.</p> <p>When you fill a prescription, the pharmacy will submit a claim to your plan electronically. The claim will also be forwarded to all of your other sources of drug coverage. You will then be told how much you have to pay your pharmacy. This will all happen quickly as you pick up your prescription.</p> <p>Who Pays First: Your Medicare drug plan will pay first if:</p> <ol style="list-style-type: none"> 1. You are retired or not actively working. <ul style="list-style-type: none"> • If you are over the age of 65 and you or your spouse is working, there must be fewer than 20 employees where you or your spouse works. • If you are disabled, there must be fewer than 100 employees where you or your spouse works. 2. Your coverage is not employer-based. <p>TROOP: Other insurance plans may work with Medicare and also assist you with your co-payments, deductible and expenses in the coverage gap. However, any payment made by another insurance company will not count towards reaching your catastrophic limit. The catastrophic limit is when you reach \$3,600 in out-of-pocket costs, and Medicare starts to pay 95% of your drug costs.</p>	
<p>Tips: (Maximum 900 characters including spaces) REFERRAL = Medicare prescription drug plan REFERRAL = Third Party Insurance Benefits Administrator SCRIPT = MSP Who Pays First – Overview SCRIPT = Drug Coverage Cost Out of Pocket TROOP SCRIPT = Drug Coverage Cost SCRIPT = Drug Coverage Employer Retiree</p>	

Status: Active	Deactivated Date: N/A
<p>Script: All Medicare plans that offer drug coverage will have a formulary, which is a list of drugs covered by the plan. The plan generally covers the drugs listed in their formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed.</p> <p>This list of covered drugs must meet Medicare's requirements. Any additions or changes to the formulary must be approved by Medicare. The plan must inform you at least 60 days before your drug is removed from the list or if the costs are changing. However, your plan can immediately remove a drug from their formulary if the Food and Drug Administration (FDA) deems it to be unsafe or if the drug's manufacturer takes the drug off the market. In the event this occurs, you will receive a list of alternative formulary drugs that may be appropriate.</p> <p>Drugs on the formulary may be grouped into different preferred drug levels, also called "tiers". Each plan can form their preferred drug levels in different ways. For example:</p> <ul style="list-style-type: none">• Level 1 – Generic drugs. Level 1 drugs will generally cost you the least.• Level 2 – Preferred brand-name drugs. Level 2 drugs will generally cost you more than Level 1 drugs.• Level 3 – Non-preferred brand-name drugs. Level 3 drugs will generally cost you more than Level 1 and Level 2 drugs. <p>Please note that this is only an example. Your plan's formulary may have greater or fewer tiers than these and may label the tiers differently.</p> <p>Medicare drug plans must offer Medication Management Programs for members:</p> <ul style="list-style-type: none">• who have more than one medical condition,• who are taking many prescription drugs, and• who have high drug costs. <p>A Medication Management Program can help you make sure that you are using the appropriate drugs to treat your medical conditions and help you find possible medication errors. To learn more about your plan's Medication Therapy Management Programs or how to join a program, contact your plan.</p>	
<p>Tips: TIP = Medicare drug plans must provide a formulary to their members. REFERRAL = If caller wants to know the formulary for a plan, go to the PDPF tool or refer the caller to the plan. TIP = Plans may allow you to get a 30, 60, or 90 day supply of medication. It will vary depending on the plan. REFERRAL = Medicare drug plan REFERENCE MATERIALS = Definitions (English) TIP = Generic drugs have the same active-ingredient formula as a brand-name drug and may cost less. TIP = Preferred brand-name drugs are drugs that the plan prefers and may be less expensive than non-preferred brand-name drugs. TIP = A non-preferred brand-name drug is a medication that usually has an alternative generic or preferred brand-name drug. It may be more expensive than a preferred brand-name drug. SCRIPT = CS Drug Coverage Prescription Plan Finder PDPF Lead In Mcare D</p>	

Status: Active	Deactivated Date: N/A
<p>Script: (Maximum 1900 characters including spaces)</p> <p>If a drug you take isn't included in your plan's formulary, you should call your plan first and ask if the drug is covered.</p> <p>If your plan doesn't cover your drug, you can ask your plan:</p> <ul style="list-style-type: none">• for a list of similar drugs that are covered. When you receive this list, talk to your doctor to see if you can take one of these covered drugs instead.• to make an exception and cover your drug. <p>There are several types of exceptions that you can ask for. You can ask your plan:</p> <ul style="list-style-type: none">• to cover your drug even if it is not on the formulary.• to waive coverage restrictions such as prior authorization, step therapy or quantity limits on your drug.• to provide a higher level of coverage for your drug (only if it's on the formulary). This would lower the amount you must pay. <p>To get an exception, you must ask your plan for an initial coverage determination or decision. You should submit a statement from your doctor supporting your request. Generally, the plan must make a decision within 72 hours of your request. In most cases, if your plan approves your request for an exception, the exception is good for the rest of the year. If your plan does not approve your request, you can appeal the plan's decision in most cases.</p> <p>You may be able to receive a temporary supply of that prescription. You can receive a temporary supply if:</p> <ul style="list-style-type: none">• You were auto-enrolled into the plan and they don't cover your drug,• You didn't know that your drug wasn't covered, OR• You didn't know that you could request an exception to the formulary. <p>After you get your temporary supply, you should talk to your doctor to decide if:</p> <ul style="list-style-type: none">• there is a different drug you can take that the plan will cover,• you want to request an exception, or• you want to switch to another drug plan (during an enrollment period). <p>**CSR NOTE: See Tip Box for more information.**</p>	
<p>Tips:</p> <p>TIP = Medicare drug plans must provide a formulary to their members.</p> <p>REFERRAL = Medicare drug plan</p> <p>TIP = You can choose to purchase the prescription and then submit an exceptions request. If you are in a long term care facility, your plan is required to give you an emergency supply of the drug, even if it is not on the formulary.</p> <p>TIP = If you cannot afford to purchase the entire prescription before requesting an exception, you may be able to get and pay for part of the prescription. Please talk with your pharmacist for more information.</p> <p>TIP = If you already purchased your prescription and later your exceptions request is approved, you can send your receipt to your plan for reimbursement. To find out how, you can look in your Evidence of Coverage book or call your plan directly.</p> <p>TIP = If you have Medicare and Medicaid, you can switch plans at any time.</p> <p>SCRIPT = Drug Coverage Formulary</p> <p>SCRIPT = Drug Coverage Formulary Restrictions</p> <p>SCRIPT = Drug Coverage Enrollment Disenrollment Periods</p> <p>SCRIPT = RP Appeal Denial CIm Mcare D, if caller wants to file an appeal</p>	

Status: Active

Deactivated Date: N/A

Script:

Certain drugs are covered by your plan. There may be rules about how you get these drugs, such as:

- **Prior Authorization** – This means that you will need to get approval from your plan before you fill your prescriptions.
- **Quantity Limits** – For safety and cost reasons, your plan may limit the amount of a drug that they cover over a certain period of time.
- **Step Therapy** – In some cases, your plan requires you to first try less expensive drugs that have been proven effective for most people to treat your medical condition before they will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B. However, if you have already tried the similar, less expensive drugs and they didn't work, or if your doctor believes that because of your medical condition it is medically necessary for you to be on a step-therapy drug, he or she can contact the plan to request an exception. If your doctor's request is approved, your drug will be covered.
- **Generic substitution** – When there is a generic substitution available, your plan's network pharmacies will automatically give you the generic drug, unless your doctor has told them that you must take the brand-name drug. A generic drug works exactly the same way as a brand-name drug. Generic drugs are approved by the Food and Drug Administration (FDA) and usually cost less than brand-name drugs.

You can find out if your drug has any limits by looking at your plan's formulary or by contacting the plan directly.

Tips:

TIP = Medicare drug plans must provide a formulary to their members.

REFERRAL = Medicare drug plan

TIP = You can refer the doctor, pharmacist, or beneficiary to the drug plan for information about any of these restrictions, including prior authorization.

Status: Active	Deactivated Date: N/A
<p>Script: A network pharmacy is a pharmacy that is under contract with your Medicare drug plan to provide you service. In most cases, your drugs are covered by your plan only if they are filled at a network pharmacy or through its mail order service.</p> <p>Your plan may include preferred pharmacies. You may get lower co-payments or coinsurance for covered prescription drugs at these pharmacies.</p> <p>Medicare drug plans must provide a pharmacy directory to their members upon request. Your plan can add or remove pharmacies from that directory. For the most current information, you should contact your plan by phone or visit their website.</p> <p>If you travel to another state, you can contact your plan to find out if there are network pharmacies in that state.</p> <p>Your plan may offer a mail order service. You may be able to use the mail order service to fill prescriptions for drugs that you take on a regular basis for a chronic or long-term medical condition.</p> <p>You are not required to use mail order services. You may always use a retail pharmacy in your plan's network.</p> <p>**CSR NOTE: If a plan offers mail order services, but the PDPF doesn't have the mail order pricing listed, refer the caller to the plan.**</p> <p>To fill your prescription at a network pharmacy, you must show your membership card or a letter from your plan stating that they received your application. If you don't have either, you may have to pay the full cost of the prescription, even if the drug is covered by your plan. If this happens, you must send a claim to your plan so that they can reimburse you for covered prescriptions. To find out how to file a claim, you can look in your Evidence of Coverage book or call your plan directly.</p>	
<p>Tips: TIP = Medicare drug plans must provide a formulary to their members. REFERRAL = Medicare drug plan SCRIPT = Drug Coverage Out of Network Pharmacies</p>	

Status: Active	Deactivated Date: N/A
<p>Script:</p> <p>An out-of-network pharmacy is a pharmacy that isn't under contract with your Medicare drug plan to provide you service. If you go to an out-of-network pharmacy, you have to pay the full cost when you fill your prescription. You can then submit a claim to your plan for reimbursement. To find out how to submit a claim, you can look in your Evidence of Coverage or call your plan directly.</p> <p>Your Medicare drug plan will only cover a prescription filled at an out-of-network pharmacy for the following reasons when there is no network pharmacy available:</p> <ul style="list-style-type: none">• If you are traveling within the United States and its territories and become ill or lose or run out of your drugs.• If the prescriptions are related to care for a medical emergency or urgent care.• If you are unable to get a covered drug in a timely manner within the plan's service area because there is no network pharmacy nearby that provides 24-hour service.• If you are trying to fill a prescription drug that is not regularly kept at an available network pharmacy or mail order pharmacy. <p>Before you fill your prescription, you should call your plan to see if there is a network pharmacy in your area where you get your drugs.</p> <p>You may have to pay the difference between what your plan will pay at a network pharmacy and what the out-of-network pharmacy charges you.</p> <p>The plan will not pay for any prescriptions that are filled by pharmacies outside of the United States and its territories, even for a medical emergency. This is also true for mail order pharmacies.</p>	
<p>Tips: REFERRAL = Medicare prescription drug plan SCRIPT = Drug Coverage Plan Mailings SCRIPT = Drug Coverage Drug Importation, for more information about drugs outside the US.</p>	

Status: Active	Deactivated Date: N/A
<p>Script: (Maximum 1900 characters including spaces) CSR NOTE: Read if the caller identifies him or herself as a pharmacist or as from a pharmacy: People who have Medicare drug coverage can only use pharmacies that have contracted with a Medicare drug plan. If you have general questions about Medicare drug plans you can log onto:</p> <p>http://www.cms.hhs.gov/Pharmacy/</p> <p>You can also go to this website if your pharmacy does not have a contract with a Medicare drug plan and you would like more information on contracting with a plan.</p> <p>If your pharmacy has a contract with a Medicare Prescription Drug Plan, and you have questions about billing/payment or other general processes, then you will need to contact the drug plan sponsor for answers to your questions.</p> <p>CSR NOTE: Read if the caller identifies him or herself as an employer: If you have questions about the Retiree Drug Subsidy you can call 1-877-737-4357 or log onto the RDS website at:</p> <p>http://rds.cms.hhs.gov/</p> <p>If you have questions about creditable coverage determinations, disclosures, or other policy details, you can visit the Employer Partner page at:</p> <p>http://www.cms.hhs.gov/EmplUnionPlanSponsorInfo/</p>	
Tips: (Maximum 900 characters including spaces)	

Status: Active	Deactivated Date: N/A
<p>Script: Joining a Medicare drug plan is always your choice. If you have CHAMPVA and you join a Medicare prescription drug plan, Medicare will be the primary payer and CHAMPVA will be the secondary payer. This means that Medicare will pay first and CHAMPVA will reimburse your co-payment up to 75% of the CHAMPVA allowable amount for covered prescriptions. You will be responsible for any costs not covered by these two programs.</p> <p>CHAMPVA prescription drug coverage is considered creditable prescription drug coverage, meaning it is at least as good as Medicare prescription drug coverage. This means that if you decide you want to join a Medicare prescription drug plan after May 15, 2006, you won't have to pay a late enrollment penalty.</p> <p>If you have limited income and resources, you may qualify for extra help paying your Medicare prescription drug plan costs. If you think you may qualify, you should apply for the extra help and join a Medicare drug plan. You can still keep your CHAMPVA coverage as a secondary payer.</p> <p>If you are enrolled in the CHAMPVA <u>Meds by Mail</u> program and you join a Medicare prescription drug plan, you will no longer be eligible for <u>Meds by Mail</u>. This is because <u>Meds by Mail</u> is only for those who do not have any other drug coverage.</p> <p>For more information, you can call CHAMPVA at 1-800-733-8387 or visit www.va.gov/hac on the web.</p>	
<p>Tips: TIP = If you are eligible for Medicare Part A, CHAMPVA requires you to enroll in Medicare Part B. However, you are not required to join a Medicare drug plan; it is optional. REFERRAL = CHAMPVA at 1-800-733-8387 or www.va.gov/hac SCRIPT = Drug Coverage Overview</p>	

Status: Active	Deactivated Date: n/a
<p>Script: All Medicare drug plans include coverage for people with extremely high drug costs. Once you spend \$3,600 out-of-pocket during the calendar year on your prescriptions, Medicare will pay 95% of your drug costs and you will pay 5% for the rest of the calendar year. Your plan will keep track of your out-of-pocket costs and will let you know when you have spent \$3,600 out-of-pocket. For every month that you buy covered drugs, you will receive an Explanation of Benefits that shows your out-of-pocket cost amount to date.</p> <p>The following payments count towards your out-of-pocket costs:</p> <ol style="list-style-type: none">1. Annual deductible2. The amount you pay for each prescription3. Any payments you make during the time when you are responsible for 100% of costs. Payments made during this time will only count if the drugs:<ul style="list-style-type: none">• Are on your plan's formulary• Were not on the formulary, but by a coverage determination, exceptions process, or a special appeal were allowed to count towards your out-of-pocket costs• Were purchased at an out-of-network pharmacy with permission from your plan <p>The following WILL NEVER count towards your out-of-pocket costs:</p> <ul style="list-style-type: none">• Your premium• Drugs purchased outside the United States and its territories• Drugs not covered by your plan• Drugs covered by your plan that are excluded by Medicare law• Over-the-counter drugs or vitamins (even if they are required by your plan as part of step therapy) <p>Payments WILL count as out-of-pocket costs if they are made by:</p> <ul style="list-style-type: none">• Family members• State pharmacy assistance programs (SPAPs)• Medicare's extra help• Most charities (unless it is established, run or controlled by your current or former employer or union) <p>Payments WILL NOT count as out-of-pocket costs if they are made by:</p> <ul style="list-style-type: none">• Group Health Plans• Insurance Plans• Other third party groups such as TRICARE and Workers Compensation <p>If you have coverage from a third party that pays part of your out-of-pocket costs, you must let your Medicare drug plan know.</p>	
<p>Tips: SCRIPT = Drug Coverage Other Assistance Programs</p>	

Status: Active	Deactivated Date: n/a
<p>Script: ** CSR NOTE: Read this script if the caller states that their employer or union is dropping their retiree health and/or drug coverage in 2006. **</p> <p>Read if caller asks if employers or unions can legally drop their coverage:</p> <p>Medicare encourages employers and unions to maintain the health and/or prescription drug coverage they provide to retirees. However, Medicare cannot require an employer or union to continue this coverage if they choose not to do so.</p> <p>Read if caller asks where they can report the cancellation of their coverage :</p> <p>Medicare does not oversee how employee benefit plans are managed. The United States Department of Labor Employee Benefits Security Administration (EBSA) and the Internal Revenue Service (IRS) jointly oversee private sector employee benefits plans. You can ask questions about your coverage and how it is changing by calling EBSA at 1-866-444-EBSA (1-866-444-3272). A Benefits Advisor will take your question and explain your rights under the law.</p> <p>Read if caller wants to file a complaint about the cancellation of their coverage:</p> <p>You can ask questions about your coverage and how it is changing by calling the United States Department of Labor Employee Benefits Security Administration (EBSA) at 1-866-444-EBSA (1-866-444-3272). A Benefits Advisor will take your complaint and explain your rights under the law.</p>	
<p>Tips: REFERRAL = United States Department of Labor Employee Benefits Security Administration (EBSA), 1-866-444-EBSA (1-866-444-3272)</p>	

Status: Active	Deactivated Date: n/a
<p>Script: (Maximum 1900 characters including spaces) As long as you still qualify for Federal Employee Health Benefits (FEHB) prescription drug coverage, your coverage will not change. If you decide that FEHB drug coverage meets your needs, you can choose not to join a Medicare drug plan. It will almost always be to your advantage to keep your current coverage without any changes. The exception to this general rule is if you have limited income and resources and qualify for Medicare's extra help to pay for prescription drug costs. You may benefit by applying for the extra help.</p> <p>Read the information you get from your insurer about your FEHB coverage carefully before making any changes in your prescription drug coverage. You may decide you want to keep your current coverage.</p> <p>If you decide to join a Medicare drug plan later, you will not have to pay a penalty since your FEHB prescription drug coverage is at least as good as the Medicare drug coverage. If you lose your FEHB coverage, you can join a Medicare drug plan without a penalty, as long as you join within 63 days of losing your FEHB coverage.</p>	
<p>Tips: (Maximum 900 characters including spaces) SCRIPT = Drug Coverage LIS Employer Retiree, if caller got an auto enrollment letter. SCRIPT = Drug Coverage LIS Application Process, for more information about filling out an application or to check the status of an application. FULFILLMENT = SSA LIS APP/Fact Sheet - (31020) (Do NOT send to residents of U.S. Territories)</p>	

Status: Active	Deactivated Date: n/a
<p>Script: (Maximum 1900 characters including spaces)</p> <p>As long as you still qualify for TRICARE drug coverage, your coverage will not change. You can continue to use your TRICARE pharmacy benefits without having to join a Medicare drug plan. Read the information you get from TRICARE carefully before making any changes in your prescription drug coverage. You may decide to keep your current coverage. It will almost always be to your advantage to keep your current coverage without making any changes. The exception to this general rule is if you have limited income and resources and qualify for Medicare's extra help to pay for prescription drug costs. You may benefit by applying for the extra help.</p> <p>Although you can have both TRICARE and a Medicare drug plan, the Medicare drug plan will always pay first for Medicare-covered drugs. TRICARE will then pay after Medicare for TRICARE-covered drugs. Please contact the TRICARE Pharmacy Program for more information.</p> <p>If you decide to join a Medicare drug plan later, you will not have to pay a penalty since your TRICARE prescription drug coverage is at least as good as the Medicare drug coverage. If you lose your TRICARE benefits, you can join a Medicare drug plan without a penalty, as long as you join within 63 days of losing your TRICARE coverage.</p>	
<p>Tips: (Maximum 900 characters including spaces)</p> <p>SCRIPT = Drug Coverage LIS Employer Retiree, if caller got an auto enrollment letter. REFERRAL = To use the TRICARE Mail Order Program, call 1-866-363-8667 or for the TRICARE Retail Network Pharmacy Program, call 1-866-363-8779. REFERENCE MATERIAL = TRICARE Prescription Drug Creditable Coverage Letter SCRIPT = Drug Coverage LIS Application Process, for more information about filling out an application or to check the status of an application. FULFILLMENT = SSA LIS APP/Fact Sheet - (31020) (Do NOT send to residents of U.S. Territories)</p>	

Status: Active	Deactivated Date: N/A
<p>Script: (Maximum 1900 characters including spaces)</p> <p>**Use if caller is an American Indian or an Alaska Native AND gets services from an Indian health program.</p> <p>Many Indian health pharmacies offer Medicare drug plans. You and your Indian health provider will benefit if you select one of these plans. You will continue to get prescriptions just as you do now. However, your Indian health provider will save money and may be able to increase services to your community, because Medicare will pay your pharmacy back for your drugs.</p> <p>You can find out which Medicare drug plans work with your pharmacy by contacting your Indian health pharmacy or I can assist you now.*</p> <p>You may be able to get help paying for your Medicare drug plan premiums, deductible and coinsurance:</p> <ul style="list-style-type: none"> • Each Indian health program has different rules. Contact your local Indian health program. • You may be eligible for extra help. Contact your healthcare provider or the Social Security Administration. <p>If you have both Medicare and Medicaid, you will be automatically enrolled in a Medicare drug plan. You will get a letter telling you which plan Medicare chose for you. You should check with your Indian health provider or call Medicare to make sure that your Indian health provider participates in your Medicare drug plan. If it doesn't, you should choose another plan.</p> <p>Prescription drug coverage from an Indian Health Service, Tribe, Tribal Organization, or an Urban Indian Health Program (I/T/U) is at least as good as the Medicare standard drug coverage (creditable drug coverage). Your Indian health provider will send you a letter telling you that your coverage is as good as Medicare's. If you decide to join a Medicare drug plan after May 15, 2006, save this letter and show it to your plan to avoid a late enrollment penalty.</p> <p>If you have any questions or need help choosing a plan, please contact your local Indian health provider.</p>	
<p>Tips: (Maximum 900 characters including spaces)</p> <p>*TIP = Access the PDPF tool and find a plan that contracts with the caller's network pharmacy. SCRIPT = CS Drug Coverage Prescription Plan Finder PDPF Lead In Mcare D TIP = Also use this script if caller identifies themselves in the following way: Indian, Native American, Indian elder, Indian Health Service, Tribe, Tribal member, Tribal health, or by a specific Tribe. REFERRAL = The Indian Health Service (IHS) is a federal agency under the Department of Health and Human Services that provides health care for American Indians and Alaska Natives. See Reference Materials document for contact information. REFERENCE MATERIAL = Drug Coverage - Indian Health Services Area Office Points of Contact REFERRAL = SSA SCRIPT = Drug Coverage LIS Auto Enrollment How to Enroll, if caller wants more information on choosing another plan if they were automatically enrolled. SCRIPT = Drug Coverage Overview SCRIPT = Drug Coverage How to Enroll</p>	

Status: Active	Deactivated Date: N/A
<p>Script:(Maximum 1900 characters including spaces) You may have heard that there is "extra help" paying for prescription drugs if you have a limited income. This program is only available in the States.</p> <p>**MUST ASK: Do you have Medicaid coverage? IF NO: Although you cannot get the extra help, you can still join a drug plan. **Read appropriate script.** IF YES: Your territory may give extra help paying for Medicare drug coverage.</p> <p>Puerto Rico: You can get Medicare drug coverage in 3 ways.</p> <ol style="list-style-type: none">1. You can keep your Reforma (Medicaid) plan and continue to get your prescriptions through Reforma. For more information, call Medicare Platino at 787-294-8060 or 1-866-596-4747.2. You can join a Medicare Advantage Prescription Drug Plan that has a contract with the Commonwealth of Puerto Rico (ASES). It will cover all of your Medicare health care, including prescriptions, doctor and hospital care. For more information, call Medicare Platino at 787-294-8060 or 1-866-596-4747.3. You can join a drug plan that does not have a contract with ASES. However, you must pay the extra costs for the monthly premium and any other co-payments, co-insurance and deductibles yourself. <p>US Virgin Islands: You can join either of these plans:</p> <ul style="list-style-type: none">• Community Care Rx Basic• United Health Care <p>Medicaid will pay for any prescriptions that your Medicare drug plan does not cover. For more information, call the State Health Insurance Assistance Program (SHIP) at 340-772-7368.</p> <p>Guam: Medicaid will continue to pay for your drugs. You do not have to do anything. For more information, call the SHIP at 671-735-7382.</p> <p>American Samoa: Medicaid will continue to pay for the drugs they currently cover. If you need special drugs, you may be able to get them more easily. For more information, call your Medicaid office at the LBJ Tropical Medical Center, 684-633-4590.</p> <p>CNMI (Northern Mariana Islands): Medicaid will continue to pay for your drugs. You do not have to do anything.</p>	
<p>Tips: (Maximum 900 characters including spaces) REFERENCE MATERIAL = 2005 State Medicaid Program Name, if caller doesn't know the name of the Medicaid program or isn't sure if they're in one.</p>	

Status: Active

Deactivated Date: N/A

Script:

****Use this script only if someone from a Nursing Home calls to confirm which Medicare drug plan their resident is enrolled in.****

I understand that you are calling from a Nursing Home to find out which Medicare drug plan your resident is enrolled in. I can help you now or you can fax your request (See Tip).

In order to get this information for **less than** 100 residents, you can send a fax to 1-785-830-2593 or you can mail the request to:

1-800-Medicare Nursing Home Requests
3833 Greenway Drive
Lawrence, KS 66046-5504

In order to get this information for **more than** 100 residents, you will need to mail the request to:

1-800-Medicare Nursing Home Requests
3833 Greenway Drive
Lawrence, KS 66046-5504

Please send a cover sheet with:

- the date of submission,
- the number of pages,
- a return mailing address,
- a contact name,
- a phone number,
- the letters "NH" in the comments section and
- the following statement signed by a nursing home representative:
I attest that the Medicare prescription drug plan enrollment information to be provided by CMS about patients on the attached list will be used by the nursing home only for Medicare prescription drug coverage purposes.

Please include the following information with your request:

- the beneficiary's name,
- Medicare number,
- date of birth,
- mailing address, and
- if he or she has Medicare Part B (yes or no).

The beneficiary's name and plan that they are enrolled in will be sent to you within 10 business days via overnight mail to the mailing address you provide.

****CSR NOTE:** If caller says it has been more than 10 days, please send an email to David Escobar in Lawrence, KS (david.escobar@pearson.com). It should include: nursing home name, date of first request, caller's name and phone number.**

ADDITIONAL INFORMATION: You can ask for information for multiple people in one request.

Tips:

TIP = If caller is a nursing home representative and they have a "low income subsidy batch problem", you can provide LIS co-pay information from the LIS Tab if caller can pass disclosure.

TIP = **Remember that you can give the plan information over the phone. This script should only be used if the caller doesn't have time or if the caller specifically asks about the fax procedure.**

TIP = If the nursing home representative wants the information for **more than** 100 residents, they can **not** make the request by fax. They can only request it by mail.

SCRIPT = Drug Coverage Long Term Care LTC Nursing Home, if caller just wants information on how the Medicare drug coverage will work with people in Nursing Homes

Status: Active	Deactivated Date: n/a
<p>Script: Currently, it is illegal to import drugs that are not approved by the Food and Drug Administration (FDA). Bringing drugs into the country, whether for personal use or otherwise, is against the law.</p> <p>The opportunity to import safe and effective drugs from Canada has been studied. The Secretary of Health and Human Services formed a Task Force on Drug Importation to provide advice on this question. The task force released a report that finds importing drugs from other countries offers little savings and introduces safety concerns. It would be very difficult and costly to make sure that drugs brought into the country are safe and effective.</p> <p>The Food and Drug Administration is responsible for making sure that the drugs available in the United States are safe and effective. Prescription drugs in the United States are carefully tested to prove that they are safe and effective for their intended use. The FDA is concerned that drugs purchased outside the United States may present health risks to people who use them. Not all countries have approval procedures and controls similar to the United States.</p> <p>If you have questions about the use of any prescription drug, the FDA encourages you to contact your doctor, your local pharmacist, or the Board of Pharmacy for your state.</p>	
<p>Tips: TIP = For more information on the legality of importing drugs into the United States please refer to: http://www.fda.gov/ora/import/pipinfo.htm or contact the Office of Regulatory Affairs at their main number: 1-301-443-1240. TIP = The United States Federal Food, Drug and Cosmetic Act does not allow people to import drugs that lack Food and Drug Administration (FDA) approval into the United States.</p>	

Status: Active	Deactivated Date: N/A
<p>Script: **CSR NOTE: Use this script if a call is received from a Community Based Organization (CBO) representative, a pharmacist, the SHIP, the Administration on Aging (AOA), or a TRIBAL representative.**</p> <p>I can confirm someone's Medicare eligibility and give you the name of their auto-enrolled drug plan.</p> <p>**CSR NOTE: Use the Beneficiary tab and the PDPF tool to give this information.**</p> <p>If the caller is a pharmacist: I can only confirm someone's Medicare eligibility and give the name of their drug plan.</p> <p>If the pharmacist states that they are having technical problems or if they are getting an error when they attempt an E1 query: You will need to call the TrOOP Help Desk at 1-800-388-2316.</p> <p>**CSR NOTE: Community Based Organizations help people with Medicare understand the Medicare drug coverage. CBOs will help with selecting a drug plan, getting extra help with paying for the drug coverage, and understanding plan materials, such as an Explanation of Benefits (EOB).**</p>	
<p>Tips: REFERENCE MATERIAL = If you've been trained, give the BIN/PCN information from "CBO CSRs-Auto-Enroll Drug Plans BIN PCN". TIP = You can give the BIN/PCN information to beneficiaries. REFERRAL = If you haven't been trained to give BIN/PCN information, the pharmacist needs to call 1-866-835-7595. (Do not give this number to beneficiaries).</p>	

Status: Active	Deactivated Date: N/A
<p>Script: (Maximum 1900 characters including spaces)</p> <p>If you live in more than one state, or you travel often, you may want to join a Medicare prescription drug plan that offers national coverage. This means that you will be able to get your prescription drugs at network pharmacies throughout the country.</p> <p>You can also join a local plan that has national pharmacies in its network.</p> <p>Would you like me to help you find a drug plan that offers coverage in more than one state?</p> <ul style="list-style-type: none">• CSR NOTE: In the PDPF tool, click each plan name and then "View important notes." In that window, it will say if the plan offers national coverage. <p>OR</p> <ul style="list-style-type: none">• CSR NOTE: In the PDPF tool, click each plan name and then under "Pharmacy information," you can search by different zip codes to find the network pharmacies in those areas. <p>You can always contact your plan to find out if there are network pharmacies in your area.</p> <p>If caller permanently moves to another state and wants to switch plans, READ: Drug Coverage Enrollment Disenrollment Periods.</p> <p>If caller permanently moves and needs an address change: Please contact your drug plan if there are any changes to your personal information, including your name, address or phone number.</p> <p>If caller was deemed eligible for the extra help: If you qualify for the extra help, you will receive it for as long as your financial status remains the same. You will receive the extra help for at least a calendar year.</p> <p>If caller applied and was approved for the extra help: If you qualify for the extra help, you will receive it for at least one calendar year. If you permanently move to a different state and you had applied at your state Medicaid office, you will have to re-apply for the extra help by contacting the state Medicaid office in your new state. If you applied through the Social Security Administration, they will let you know when you need to re-apply.</p> <p>CSR NOTE: Read script: Drug Coverage LIS Application Process.</p>	
<p>Tips: (Maximum 900 characters including spaces)</p> <p>SCRIPT = CS Drug Coverage Prescription Plan Finder PDPF Lead In Mcare D</p> <p>SCRIPT = Drug Coverage Network Pharmacies Mail Order, if caller is traveling to another state and doesn't have a national plan.</p> <p>SCRIPT = Drug Coverage Out of Network Pharmacies</p> <p>REFERRAL = Medicare drug plan</p> <p>SCRIPT = SSA Referral, if caller needs to change address with Medicare (in addition to contacting drug plan)</p>	

Status: Active	Deactivated Date: n/a
<p>Script: (Maximum 1900 characters including spaces) If caller is deemed eligible for the extra help or applied and was awarded the full (100%) subsidy, read: Since you qualify for extra help, you will pay no deductible and no more than \$5 for each covered prescription you fill. There are many plans available in which you would pay no monthly premium. There are other plans where you would have to pay a portion of the premium. Be sure to ask about the premium when you are comparing plans.</p> <p>If you are automatically enrolled by Medicare, you will be placed in a plan in which you will pay no premiums or deductible and no more than \$5 for each covered prescription you fill. You will have the option to pick a different plan.</p> <p>**CSR Note: If caller wants to know exactly how much they will have to pay in a particular plan, use the PDPF tool and authenticate.**</p> <p>If caller applied and was awarded a partial (25, 50, or 75%) subsidy , read: Since you were approved for this extra help, you will pay a lower monthly premium. You will pay a reduced premium based on the percentage listed in your award letter.</p> <p>You will also have a reduced deductible and reduced co-payments when you get a covered prescription filled. These amounts will vary depending upon which Medicare drug plan you are enrolled in. When you compare plans, ask how much your deductible and co-payments would be for each plan.</p> <p>**CSR Note: If caller wants to know exactly how much they will have to pay in a particular plan, use the PDPF tool and authenticate.**</p> <p>ADDITIONAL INFORMATION: If you qualify for the extra help, you can join a Medicare Advantage or other Medicare Health Plan that offers a prescription drug plan (MA-PD). However, your extra help will only be applied to the Medicare prescription drug plan costs.</p> <p>If you qualify for the extra help, you will not have a coverage gap.</p>	
<p>Tips: (Maximum 900 characters including spaces) TIP = Please be aware that the PDPF tool is going to show \$2-\$5 co-pay amounts for anyone with both Medicare and Medicaid. However, they may only have to pay a co-pay of \$0-\$3. Please check the LIS tab to verify the amount of the co-pay by looking at the field: "Limited Income Subsidy Copay Amount". TIP = If the caller takes a drug that is not on the plan's formulary, they will have to pay the full price for that drug, even if they are getting the extra help. SCRIPT = Drug Coverage LIS Auto Enrollment How to Enroll SCRIPT = Drug Coverage LIS Application Process, for information about the award letters.</p>	

Status: Active	Deactivated Date: N/A
<p>Script:</p> <p>For your coverage to be effective on the first day of the following month, you have to do one of the following on or before the last day of the month:</p> <ul style="list-style-type: none">• apply online at Medicare.gov,• apply on the plan's website,• call the plan directly and apply,• or have someone at 1-800-Medicare help you apply online. <p>If you mail a paper application, the drug plan must receive your application by the last day of the month in order for it to be effective on the first day of the next month. (A post mark date is not enough.) If you do not meet this deadline, your coverage will not begin on the first day of the next month. Instead, it will start on the first day of the month after the plan receives your application.</p> <p>If caller asks how their coverage will start if they haven't received their membership card: Once your plan receives your application, they will send a letter confirming that they have it. You can take this letter to the pharmacy as proof of your enrollment and pick up your prescriptions.</p> <p>If drug plan won't process the application until they hear from Medicare: Your plan doesn't have to wait for confirmation from Medicare. Please call your plan and ask for an acknowledgement letter. This letter will state that they received your application. You can use this letter at the pharmacy to fill your prescriptions.</p>	
<p>Tips: REFERRAL = Medicare drug plan SCRIPT = Drug Coverage Enrollment Plan Unknown</p>	

Status: Active	Deactivated Date: N/A
<p>Script: **CSR NOTE: Use this script if the drug plan that the caller is interested in does not appear in the PDPF tool.**</p> <p>At this time, pricing information is not immediately available for this Medicare drug plan. The data is currently being updated by the plan. The information is updated every Monday. Please contact the plan directly for information.</p> <p>Would you like the phone number for the plan that you are interested in? **If YES, use the "Plans In Your State" tab in the PDPF tool to find the phone number.**</p> <p>If the caller asks if the plan is still available and approved by Medicare , check the PDPF tool:</p> <ul style="list-style-type: none"> • If plan is listed in 'Step 3: Review Plan Results & Options ', READ: The plan that you are interested in is an approved Medicare drug plan. You will still be able to join this plan. I'm sorry that I am unable to help you apply today. You can call us back later or you can call the drug plan directly. • If the plan is NOT listed in the PDPF tool, see if it is in the Reference Material document: "Excluded Drug Coverage Plan Contact List (Suppressed)". <ul style="list-style-type: none"> ○ IF IT IS, READ: The plan that you are interested in is an approved Medicare drug plan. You will still be able to join this plan. I'm sorry that I am unable to help you apply today. You can call us back later or you can call the drug plan directly. ○ IF IT IS NOT: If caller insists that it is a Medicare drug plan, escalate the call to the Reference Center. <p>Although information for the plan you are interested in is not available , I can still help you compare the other Medicare drug plans in your area.</p> <p>**If caller would like to compare other plans, READ CS Drug Coverage Prescription Plan Finder PDPF Lead In Mcare D and go to the PDPF tool.**</p>	
<p>Tips: SCRIPT = CS Drug Coverage Prescription Plan Finder PDPF Lead In Mcare D REFERRAL = Medicare drug plan REFERENCE MATERIALS = Excluded Drug Coverage Plan Contact List (Suppressed) SCRIPT = Reference Center Call Backs, if plan is not listed in above Reference Material document and caller thinks it should be</p>	

Status: Active	Deactivated Date: N/A
<p>Script: <u>This script should ONLY be read to pharmacists who call with non-LIS issues related to Humana drug plans:</u></p> <p>Pharmacist is having problems verifying the member's eligibility: If the beneficiary does not have his/her Humana card or the letter containing his/her member ID, please follow the process below:</p> <ol style="list-style-type: none">1. Submit an E1 transaction to the NDCHealth/Troop Facilitator. If the member is found, please use this plan information to submit the claim.2. If the E1 transaction does not return plan information, please submit the claim to Argus using the following information:<ul style="list-style-type: none">• Member's name• Social Security Number• Date of Birth• BIN: 610649• PCN: 03200000 (Medicare Only)• Group: N/A3. If the claim submission is not successful due to "member not found", you should contact Humana's Pharmacy Help Desk at 800-865-8715. This will initiate a quick activation which should allow you to submit the claim online. The following information will be needed for the activation process:<ul style="list-style-type: none">• Member first name, last name• Member address (including city, state, and zip)• Member telephone number• Member date of birth• Member gender• Member Social Security Number• Medicare ID number (9 digits and 1 alpha character)<ul style="list-style-type: none">▪ Client: Plan type found on member's enrollment application (PDP, MAPD)▪ Plan name (or plan option)	
<p>Tips: TIP = The Medicare pharmacy line number is 1-866-835-7595. You may provide this to a beneficiary ONLY if he or she asks for it. You should stress that this number is only for the pharmacists to call.</p>	

Status: Active	Deactivated Date: N/A
Script: <u>This script is for beneficiaries who have enrolled in Humana but do not have a card or letter:</u> If you need to have your prescriptions filled and do not yet have a Humana card, you can go to your pharmacy and they can check their systems for your information. You will need to have the following information for the pharmacist: <ul style="list-style-type: none">• Member's name• Social Security Number• Date of Birth• Humana's BIN: 610649• Humana's PCN: 03200000• (Group number is not needed for Humana claims.) The pharmacist should follow the instructions in the Humana Pharmacy News Bulletin, dated December 28. The pharmacist can also call the Humana Pharmacy Help Desk or the Medicare pharmacy line if he or she needs help. If the beneficiary asks for more information about what the pharmacist needs to do: The bulletin explains that the pharmacist should first submit an "E1 transaction" to NDCHealth. If your information is not listed, the pharmacist should submit the claim to Argus using the above information. If still not found, the pharmacist should call the Humana Pharmacy Help Desk. The help desk may need more information such as your Medicare number, address, phone number, and gender.	
Tips: TIP = The Medicare pharmacy line number is 1-866-835-7595. You may provide this to the beneficiary ONLY if he or she asks for it. You should stress that this number is only for the pharmacists to call.	

Status: Active	Deactivated Date: N/A
<p>Script: <u>This script is for beneficiaries who have enrolled in Prescription Solutions from PacifiCare but do not have a card or letter:</u></p> <p>If you need to have your prescriptions filled and do not yet have a Prescription Solutions from PacifiCare card, you can go to your pharmacy and they can check their systems for your information. You will need to have the following information for the pharmacist:</p> <ul style="list-style-type: none">• Member's name• Social Security Number• Medicare number• Date of Birth• Member's phone number <p>The pharmacist can also call the Prescription Solutions from PacifiCare Technical Assistance line at 1-800-797-9794 or the Medicare pharmacy line if he or she needs additional help.</p> <p>If the beneficiary asks for more information about what the pharmacist needs to do: The pharmacist should first submit an "E1 transaction" to NDCHealth. If your information is not listed, the pharmacist should call the Prescription Solutions from PacifiCare Technical Assistance line and if you are not in their system, they will add you to their claim system until the end of the month. Or, you can call Prescription Solutions from PacifiCare directly at 1-800-797-9794 and they can work with you to add you to their claims system until the end of the month. They will need more information from you such as your Medicare number, address, phone number, and gender.</p>	
<p>Tips: TIP = The Medicare pharmacy line number is 1-866-835-7595. You may provide this to the beneficiary ONLY if he or she asks for it. You should stress that this number is only for the pharmacists to call.</p>	

Status: Active	Deactivated Date: N/A
<p>Script: <u>This script should ONLY be read to pharmacists who call with non-LIS issues related to Prescription Solutions from PacifiCare drug plans:</u></p> <p>Pharmacist is having problems verifying the member's eligibility: If the beneficiary does not have his/her Prescription Solutions by PacifiCare card or the letter containing his/her member ID, please follow the process below:</p> <ol style="list-style-type: none">1. Submit an E1 transaction to the NDCHealth/Troop Facilitator. If the member is found, please use this plan information to submit the claim.2. If the E1 transaction does not return plan information, please contact the Technical assistance helpline at 1-800-797-9794. This number is for pharmacies and members. <p>If the enrollee is not in their claim system, Prescription Solutions from PacifiCare will add the enrollee in their claim system until the end of the month allowing you to process his or her claim. In order to add the enrollee, Prescription Solutions from PacifiCare will need the following information:</p> <ul style="list-style-type: none">• Member's name• Member's phone number• Social Security Number• Date of Birth• Medicare number• Member's phone number <p>You can also ask the plan member to call the Prescription Solutions from PacifiCare Customer Support line at 1-800-797-9794 and we will work with the plan member to add their information to the claim system until the end of the month.</p>	
Tips:	

Status: Active	Deactivated Date: N/A
<p>Script: This script should ONLY be read to pharmacists who call with questions on the transitional drug coverage related to Prescription Solutions from PacifiCare drug plans.</p> <p>If a Prescription Solutions from PacifiCare plan member's claim is denied because it is non-formulary, Prescription Solutions from PacifiCare is prepared to issue 30-day overrides for all medications with the exception of plan exclusions or medications with plan limitations. You can call 1-800-797-9794 for an override. (CSR NOTE: This phone number is only for pharmacists.)</p> <p>Starting on Friday, January 13, to expedite the transition process for enrollees, Prescription Solutions from PacifiCare implemented an automated prior authorization procedure. This process allows the pharmacist at the point of sale to input an override code directly into the claims system to allow a non-formulary drug to process at the formulary co-payment amount. The authorization is for a limited time and allows enough time for the doctor to evaluate whether to change the prescription to a formulary alternative.</p> <p>Note: Contracted pharmacies will receive a notice of the availability of the automated prior authorization process through a fax notification. In addition, Prescription Solutions Customer Service will be able to assist the pharmacies with the process.</p>	
Tips:	

Status: Active	Deactivated Date: n/a
Script: <u>This script is for beneficiaries who have enrolled in Community Care Rx (CCRXX) but do not have a card:</u> CCRXX will be sending post enrollment packages with member ID cards in the next couple of weeks. If you need to have your prescriptions filled and do not yet have a CCRX card, you should: <ul style="list-style-type: none">• locate the confirmation letters which CCRX mailed you after your first enrolled. The confirmation letters contain the information needed by the pharmacy to process a claim. This information will be in the upper right hand corner of the letter. Bring the letter with you when you go the pharmacy to fill your prescription.• If you cannot find the confirmation letter, you can ask the pharmacy to check their systems for your information. You should bring your Medicare card with you to the pharmacy. You also may be asked to provide your name, gender, date of birth, social security number, and zip code. If you never received a confirmation letter from CCRX, you should contact their help desk at 866-684-5353 to confirm with CCRx that your enrollment has been received.	
Tips:	

Status: Active	Deactivated Date: n/a
<p>Script: <u>This script should ONLY be read to pharmacists who call with non-LIS issues related to Community Care Rx (CCRXX) drug plans:</u></p> <p>Pharmacist is having problems verifying the member's eligibility:</p> <p>If the beneficiary does not have his/her CCRX card:</p> <ol style="list-style-type: none">1. Ask the beneficiary if he or she has the letter of confirmation that was sent to him/her by CCRX after enrollment. The letter of confirmation will have the required information to process a claim in the upper right hand corner.2. If the beneficiary does not have the CCRX letter of confirmation, submit an E1 transaction to the NDCHealth/Troop Facilitator. If the member is found, please use this plan information to submit the claim.3. If the member is still not found, you should contact CCRx Pharmacy Help Desk at 866-684-5395 or fax the ID verification form found on CCRx.net to 800-422-4740. The following information will be needed: Name, Medicare Number (HICN), and date of birth.	
<p>Tips:</p>	

Status: Active	Deactivated Date: n/a
<p>Script: <u>This script ONLY deals with issues related to United (AARP) drug plans:</u></p> <p>If the caller states that their co-payment should be at the LIS level, but it is not, READ: If your pharmacist submitted or attempted to submit your claim before Friday, January 6th, you should ask them to resubmit the claim. If the claim still processes at the wrong amount, have your pharmacist call 1-800-Medicare. Before your pharmacist calls 1-800 Medicare, you should show him/her proof that you should get the extra help. Proof can include a Medicaid card, an award letter from the Social Security Administration (SSA), or your yellow auto-enrollment letter.</p> <p><u>The rest of this script is ONLY to be read to pharmacists:</u></p> <p>If a claim is processing with the wrong co-payment amount, READ: If you originally submitted the claim prior to Friday, January 6th, you should reprocess the claim. If the new or reprocessed claim continues to process at the wrong co-payment amount, you will need to call the plan's pharmacy help line at 1-888-492-2952. Please do not give this number to the plan member.</p> <p>You may be asked to check for evidence of the low income subsidy eligibility. This evidence can include a Medicaid card, an award letter from SSA, or a yellow auto-enrollment letter. If the plan member provides this evidence to you, United/AARP will update its records. You will then be able to process the claim with the correct co-payment amount.</p> <p>If the beneficiary's ID number is not working, READ: You will need to check two things:</p> <ol style="list-style-type: none">1. If you got the ID number from the E1 system, make sure it is 10 digits in length. If it is not, you should put zeroes at the beginning of the ID until it is 10 digits long.2. Make sure that the correct BIN, PCN, and Group numbers are being used. The correct numbers are: BIN – 610652 PCN – 82260000 Group – UARXPDP (except for Walgreens and CVS pharmacies) The Walgreens code is UHCPMD. The CVS code is Condor # 23185.	
<p>Tips: TIP = If the beneficiary's ID number is still not working after following steps above, the pharmacist should call the plan's pharmacy help line at 1-888-492-2952. Please do not give this number to the plan member. TIP = United (AARP) is making automated phone calls to beneficiaries who enrolled after the 15th of the month. The phone call explains that you can use the acknowledgment letter until your membership card arrives. If you haven't received the letter yet, you can tell the pharmacist the name of your drug plan in order to fill your prescriptions. If you have any questions, please contact the drug plan. (Check PDPF tool for the number).</p>	

Status: Active	Deactivated Date: n/a
<p>Script: <u>This script ONLY deals with LIS issues related to Humana drug plans:</u></p> <p>If the caller states that their co-payment should be at the LIS level, but it is not, READ: Humana is processing files daily. If your pharmacist submitted or attempted to submit your claim previously, you should ask them to resubmit the claim. If the claim still processes at the wrong amount, have your pharmacist call Humana's Pharmacy Help Desk or the Medicare pharmacy line. You will need to show the pharmacist proof that you should get the extra help. Proof can include a Medicaid card, an award letter from the Social Security Administration (SSA), or your yellow auto-enrollment letter.</p> <p><u>The rest of this script is ONLY to be read to pharmacists:</u></p> <p>If a claim is processing with the wrong co-payment amount, READ: Humana is processing files daily. If you submitted the claim previously, you should reprocess the claim. If a new or reprocessed claim continues to process at the wrong co-payment amount, you will need to call Humana's Pharmacy Help Desk at 1-800-865-8715. Please do not give this number to the plan member.</p> <p>You may be asked to check for evidence of the low income subsidy eligibility. This evidence can include a Medicaid card, an award letter from SSA, or a yellow auto-enrollment letter. If the plan member can provide this evidence to you, Humana will update their records. You will then be able to process the claim with the correct co-payment amount.</p>	
<p>Tips: TIP = The Medicare pharmacy line number is 1-866-835-7595. You may provide this to the beneficiary ONLY if he or she asks for it. You should stress that this number is only for the pharmacists to call.</p>	

Status: Active	Deactivated Date: n/a
Script: <u>This script ONLY deals with LIS issues related to Prescription Solutions (PacifiCare) drug plans:</u> If the caller states that their co-payment should be at the LIS level, but it is not, READ: Prescription Solutions from PacifiCare is processing files daily. If your pharmacist submitted or attempted to submit your claim previously, you should ask them to resubmit the claim. If the claim still processes at the wrong amount, have your pharmacist call Prescription Solutions from PacifiCare technical assistance helpline or the Medicare pharmacy line. You will need to show the pharmacist proof that you should get the extra help. Proof can include a Medicaid card, an award letter from the Social Security Administration (SSA), or your yellow auto-enrollment letter. <u>The rest of this script is ONLY to be read to pharmacists:</u> If a claim is processing with the wrong co-payment amount, READ: Prescription Solutions from PacifiCare is processing files daily. If you submitted or attempted to submit the claim previously, you should reprocess the claim. If a new or reprocessed claim continues to process at the wrong co-payment amount, you will need to call Prescription Solutions from PacifiCare technical assistance helpline at 1-800-797-9794. You may be asked to check for evidence of the low income subsidy eligibility. This evidence can include a Medicaid card, an award letter from SSA, or a yellow auto-enrollment letter. If the plan member can provide this evidence to you, Prescription Solutions from PacifiCare will update their records. You will then be able to process the claim with the correct co-payment amount. Please note that this co-payment level will need to be validated by CMS through its' reconciliation process or the enrollee will be moved back to their original benefit level and would show up at the higher level for future claim submissions. Tips: TIP = The Medicare pharmacy line number is 1-866-835-7595. You may provide this to the beneficiary ONLY if he or she asks for it. You should stress that this number is only for the pharmacists to call.	

Status: Active	Deactivated Date: n/a
<p>Script: If the caller has the Community Care Rx drug plan and states that their co-payment should be at the LIS level, but it is not, READ: If your pharmacist submitted or attempted to submit your claim previously , you should ask them to resubmit the claim. If the claim still processes at the wrong amount, have your pharmacist call the Community Care Rx pharmacy helpline or the Medicare pharmacy line. You will need to show the pharmacist proof that you should get the extra help. Proof can include a Medicaid card, an award letter from the Social Security Administration (SSA), or your yellow auto-enrollment letter.</p> <p><u>The rest of this script is ONLY to be read to pharmacists:</u></p> <p>If a claim is processing with the wrong co-payment amount, READ: If you submitted the claim previously , you should reprocess the claim. If a new or reprocessed claim continues to process at the wrong co-payment amount, you will need to call the plan's pharmacy help line at 866-684-5395 or fax the ID verification form found on CCRx.net to 800-422-4740.</p> <p>You may be asked to check for evidence of the low income subsidy eligibility. This evidence can include a Medicaid card, an award letter from SSA, or a yellow auto-enrollment letter. If the plan member can provide this evidence to you, Community Care Rx will update their records. You will then be able to process the claim with the correct co-payment amount.</p>	
<p>Tips: TIP = The Medicare pharmacy line number is 1-866-835-7595. You may provide this to the beneficiary ONLY if he or she asks for it. You should stress that this number is only for the pharmacists to call.</p>	

Status: Active	Deactivated Date: n/a
<p>Script: <u>**This script should ONLY be read to pharmacists who call with LIS issues. You can provide LIS information to pharmacists if they have the beneficiary's SSN or HICN.**</u></p> <p>If someone with Medicare and Medicaid doesn't know what plan s/he has been auto enrolled in: You should perform an E1 query to check for drug plan enrollment. If the E1 query returns the RxBIN-RxPCN-RXGrp-RxID (the "4Rx" data) and the 800 number, you should bill that plan. If the E1 query only returns the 800 number of the plan, you should call the number to get the billing information. If the E1 query returns no match, you should check for Medicare eligibility by submitting an expanded E1 query. You should also check for Medicaid eligibility through the patient history, a Medicaid card, or a current Medicaid letter. You can also call the pharmacy eligibility line at 1-866-835-7595.</p> <p>If Medicare and Medicaid eligibility is determined, but plan enrollment cannot be found: Once the E1 query has failed and you have verified that the person has Medicare and Medicaid, you should bill the POS Contractor (Anthem). This will allow the prescription to be filled and begin the enrollment process. (CSR NOTE: If the pharmacist does not know how to bill the POS Contractor, see Reference Material, Wellpoint Point of Sale Fact Sheet.)</p> <p>Switching Plans:</p> <p>If a person with Medicare and Medicaid was auto-enrolled, but says that s/he has switched plans:</p> <ul style="list-style-type: none">• Has a plan acknowledgement letter: If the person has an acknowledgement letter in hand, that letter should include the RxBin, RxPCN, RxGrp and RxID. You should use that information for billing. If the letter does not have it, you should call the plan to get the information needed to send in a claim.• Does not have a plan acknowledgement letter: You should perform an E1 query or call the pharmacy eligibility line at 1-866-835-7595 to determine plan enrollment.	
<p>Tips: TIP = If a pharmacist gets a "drug not covered" message for a drug that was previously covered by Medicaid but is excluded by Medicare (especially with regards to benzodiazepines and folic acid), they should bill Medicaid after they receive the rejection from the PDP. TIP = The message "plan limits exceeded" in many cases is because of Medicaid having covered a 31 day supply while the PDP is only covering a 30 day supply. Pharmacists should change the quantity and days of supply for reprocessing before calling the plan for help. WEB = The pharmacist can read the "What If Scenarios for Pharmacy" on the CMS website for a more detailed list of FAQs. (http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/WhatIfScenariosPharm.pdf) REFERENCE MATERIAL = Wellpoint Point of Sale Fact Sheet. Ask probing questions to find out what issues the caller is having before reading the document. If the pharmacist tried to complete the Point of Service process, but it did not work, read the appropriate section(s) of the document. If the pharmacist does not know anything about the Point of Service process, read the entire document. REFERENCE MATERIAL = Pharmacy Technical Help Desk Contacts, if the pharmacist needs the appropriate pharmacy help desk number for a Medicare drug plan.</p>	

Status: Active	Deactivated Date: n/a
Script: (Maximum 1900 characters including spaces) <u>This script should ONLY be read to callers who have Medicare and Medicaid:</u> CSR NOTE: Use this script when a beneficiary has an URGENT need to get their medication. If you got an acknowledgement letter in the mail from your plan, use that to fill your prescriptions until you get your card. You should also bring your Medicaid Card or your Auto Enrollment Letter. If you did not get anything from your plan, you will need to contact them directly. CSR NOTE: If caller says that the pharmacy will not accept their acknowledgement letter or proof that they are eligible for the extra help, READ: If you need to fill a prescription right away, you can pay the full price for the drug and submit a claim to your plan for reimbursement. You will need to call your plan for more information. I will also file a complaint because your pharmacy should have accepted your proof of eligibility. CSR NOTE: If caller says the co-pay amount is incorrect or they cannot afford to pay for their medication, READ: You can ask your pharmacist or doctor if they can provide you with a temporary supply of your medication. I will also file a complaint for you to help you resolve this problem. CSR NOTE: If a caller says they are totally out of medication and have a critical need for help, READ: If you do not have any way to get your prescription filled and it is very important that you take the medication, you may want to call your doctor and ask if he/she has any suggestions for you. (CSR NOTE: Complete the PDP Regional Office Referral. You do not need to go to the script, Drug Coverage Complaints. Make sure you include the pharmacy name and telephone number as well as the beneficiary's HIC# in the template. You should use the complaints category "Benefits/Access".) Tips: SCRIPT = Drug Coverage LIS United AARP Plans SCRIPT = Drug Coverage LIS Humana Plans SCRIPT = Drug Coverage LIS PacifiCare Plans SCRIPT = Drug Coverage LIS Community Care Rx Plan	

Status: Active	Deactivated Date: N/A
<p>Script: When your doctor writes you a prescription, you can get it filled at one of the plan's network pharmacies or through your plan's mail order service. Please contact your plan to see if they offer a mail order service. **See SCRIPT: Drug Coverage Network Pharmacies Mail Order**</p> <p>When you go to the pharmacy to fill a prescription, you will need to bring your membership card or a letter from your plan stating that they received your application. If you do not bring this information, the pharmacist may perform an eligibility check in their system to identify the plan you have joined. If that information is not available, you may have to pay the full cost, even if the drug is covered by your plan. If this happens, you must send a claim to your plan so that they can repay you. To find out how to file a claim, you can look in your Evidence of Coverage book or call your plan directly.</p> <p>**CSR NOTE: If caller joined a plan or was auto-enrolled into a plan and they haven't received anything from the plan yet, READ Drug Coverage Enrollment Plan Unknown.**</p> <p>The pharmacist will check to see if the drug is covered by your plan. The pharmacist will also find out if you were approved for the extra help and if you have another type of drug coverage that pays some of the cost. You will then be told how much you owe for your prescription. This is done while you are at the pharmacy.</p> <p>The amount that you pay for covered drugs will automatically count towards your deductible and other plan benefits. [**If caller asks, this includes Initial Coverage Limit, Coverage Gap, and/or Catastrophic Coverage**]. Your plan will keep track of your out-of-pocket costs.</p> <p>If the pharmacist tells you that your drug is not covered by your plan, you can:</p> <ol style="list-style-type: none">1. Talk to your doctor to see if there is a different drug that will be covered by your plan, OR2. Contact your drug plan and ask for an exception. **See SCRIPT: Drug Coverage Formulary Exceptions **	
<p>Tips: SCRIPT = Drug Coverage Network Pharmacies Mail Order SCRIPT = Drug Coverage Formulary SCRIPT = Drug Coverage Formulary Exceptions SCRIPT = Drug Coverage Cost SCRIPT = Drug Coverage Cost Out of Pocket TROOP SCRIPT = Drug Coverage Enrollment Plan Unknown SCRIPT = Drug Coverage Plan Mailings, for description of Evidence of Coverage REFERRAL = Medicare drug plan</p>	